Our Profession

By Mrs. REBECCA STRONG

(**Editor's Note.**—The following paper was written by Mrs. Rebecca Strong, of Glasgow, Scotland, in 1893, and a copy of it given to each pupil in the Glasgow Infirmary at the commencement practical classes. Although Mrs. Strong has now for some time been retired from active work, at the age of eighty-two she is still one of the most alert and progressive members of the nursing profession, and has kept quite abreast of the times in regard to recent scientific discoveries in the field of medicine and their application in nursing.)

You cannot do better than carry with you the advice given by the late Sir James Simpson to his students:

"The profession you have chosen is, in many respects, the most important which you can follow. Nature has happily ordained it as one of the great laws on which she has founded our moral happiness, that the performance of love and kindness to others should be a genuine and never-failing source of pleasure to our own hearts. The objects and powers of your art are alike great and elevated. Your aim is, as far as possible to alleviate human suffering, to gladden, as well as to prolong, the course of human life. If you follow these, the noble objects of your profession, in a proper spirit of love and kindness to your race, the pure light of benevolence will shed around the path of your toils and labours the brightness and beauty that will cheer you onwards, and keep your steps from being weary in well-doing; while, if you practise the art that you profess with a cold-hearted view to its results merely as a matter of lucre and trade, your course will be as dark and miserable as that low and grovelling love that dictates it." Again in regard to the sacredness of the profession—"Whatever is, under its seal, communicated to you as a matter of professional confidence, must ever remain buried within your own breasts in all the silence and secrecy of the grave."

Some think it a peculiar life, requiring peculiar grace. It is not. It will not take you out of your "common labour and life." The same grace is required in every household as in the wards of an hospital: grace to make those nameless sacrifices which must adorn each day, if we would live as honoured women.

A doctor knows that great changes may take place during the intervals of his visits, and expects the nurse to be his representative, his intelligence, taking his view of matters.

The teaching you have received is for the awakening of these faculties within you, for faithful representation. Your teaching is objective; your reasoning subjective. Objects and knowledge can be presented to you, but it is for you to digest and assimilate that mental food, making it your own, each according to her ability. The young have the advantage in possessing fresh, plastic minds open to new ideas and impressions, and are therefore more able to turn their minds to new channels of thought. Concentration of thought and diligent application are both necessary to the full attainment of skill, as any carelessness in the cultivation of natural tendencies is liable to weaken them.

Nursing is not a mechanical work, for which hard and fast rules can be given you to guide you in an unerring road. It is an ever-varying work, each physician and surgeon bringing the results of his own particular studies to bear upon the individual patient; therefore, keep an open mind, guard against taking a narrow view of things, thinking your

own little bit of knowledge conclusive. Nursing, like all other arts, is progressive; the facts of today will yield to the knowledge of tomorrow; nothing human is final.

In your relation to the medical man remember that the object of your technical education is to fit you to become his auxiliary. You are not responsible for the treatment, but you are responsible for the carrying out of that treatment, and that sometimes with difficulty, but be faithful.

Wisdom is the wise application of knowledge. You may have all the learning of the ancients and yet lack wisdom. You will require a large portion of this golden ore to carry you successfully through life, therefore, cultivate it; it is not a spontaneous growth.

The "Conduct of Life," as Matthew Arnold remarked, is the "mighty voice" which, though inarticulate, speaks with no uncertain sound, revealing as in a mirror our real selves.

This brings us to character. The strong, well-regulated character will influence for good all within its reach; not so the power of office, that can only enforce the mere letter of obedience. Unless backed by character, how much better to carry with it the loyal obedience of the spirit. It is as much our business in life to attain this as to obtain manipulative skill. One may be very intelligent, very clever, but with an unequally balanced mind; he who can combine a quick intelligence with true general views of life, is calculated to be a leader of men.

There is much to render the life an attractive one. You are not dealing with machines, but living beings, in whom there is a responsive chord, which is often wonderfully touched by a sympathetic feeling; not an undue obtrusive show of feeling, which is harmful, but the heart-felt touch of sorrow which produces the gentle touch and word. Much of the emptiness or loneliness that is felt in life arises from the one-sidedness of one's occupation. Here in this work, your whole nature has full play, intellectually and emotionally; no one power is cramped; all your brain power is needed to master the details of your work, and your sympathies will have constant demands made upon them. Do not be contented with carrying out the mere letter of your instructions, get into the spirit of them, and it will be surprising to find the keenness it will lend to your mental vision and hearing. It is what Carlyle calls "seeing into the heart of things."

Leigh Hunt said "half the secret of human intercourse is to make allowance for each other." Some natures have a knack of making difficulties, others must have a grievance. We cannot remedy it in another, but we can avoid it ourselves.

Seek earnestly the happiness of others, your own will take care of itself.

Though man a thinking being is defined,
Few use the grand prerogative of mind;
How few think justly of the thinking few!
How many never think who **think** they do!

Greetings from Baroness Mannerheim

Canadian nurses who had the privilege of meeting Baroness Mannerheim, Past-President of the International Council of Nurses, will be distressed to know that she has been confined to bed for several months as a result of a very serious motor accident.

With the graciousness and forgetfulness of self which characterizes this great-souled woman, she wrote, from her bed, the following message to Canadian nurses:—

> *"Will you at the same time accept my very best wishes for Christmas and the New Year which, I hope, will bring only happiness to all the Canadian nurses it was my good fortune to meet last summer."*

If the sympathy and good wishes of Canadian nurses had the power to alleviate pain, we are sure the sufferings of our beloved Past-President would be eased.

I have written to her thanking her for her lovely Christmas greetings to Canadian nurses and assuring her that we are thinking of her and hoping for her speedy recovery.

(Signed) JEAN E. BROWNE,
President C.N.A.

Communicable Disease Among Nurses

By Dr. H. B. CUSHING, Montreal

One of the constantly recurring problems of any nurses' training school is the occurrence of infectious disease among its staff. All who have had anything to do with such a school will have a vivid recollection of such an emergency arising, with the consequent disorganization of the work of the institution. Fortunate, indeed is the hospital which has not to regret the death of at least one of its nurses in training, a victim to infectious disease contracted in its service. Such a misfortune may have been inevitable, but what if it is due to a disease which is strictly preventable according to modern medical science, such as typhoid or scarlet fever?

Nurses in training are peculiarly susceptible to communicable diseases from their usual age, from the fact that many come from rural districts and have not undergone these diseases in childhood, from their resistance being impaired by their arduous and confining work, and especially from their necessary exposure to infection through their intimate association with the patients. More than ever are they exposed to contagion at the present time, when a training in the nursing of acute infectious diseases is included in every modern nurses' curriculum and almost everywhere insisted on by licensing boards.

Occurrence of contagious disease among the nursing staff of a hospital is a veritable catastrophe to everyone concerned. To the nurse from risk of death or permanent impairment of her health, as well as loss of time and interruption of her course of training. To the hospital it is just as serious from the loss of the nurse's services (these cases always occur when the institution is most crowded), from the trouble and expense incurred in caring for the sick nurse and especially from the necessary exposure to infection of the patients entrusted to the institution. The young healthy nurse usually survives, but the patients exposed to infection from the nurse are apt to succumb. The larger the institution,

and the more children included in its service, the greater becomes the risk to the nurses and the more frequent the outbreaks of infectious disease among the staff.

From all these considerations, one would expect that every means of lessening the occurrence of infectious disease among the staff would be eagerly seized upon. Yet while no modern army would ever be sent on active service without the strictest immunization of the whole force, it is rare, indeed, for a hospital to insist on the same standard. Modern science has provided safe, certain, easy methods for the absolute prevention of the worst of these diseases, but few avail themselves of these methods.

Let us consider for a moment a few of these diseases and the means of preventing them. First and foremost is smallpox, which can be absolutely eradicated by universal vaccination, yet the writer clearly remembers at least three outbreaks of the disease among the nursing staffs of modern hospitals, completely disorganizing the work of the institutions and exposing their patients to the dreaded disease. The efficacy of anti-typhoid vaccination is sufficiently established to have warranted its adoption by all armies in the Great War, yet although nurses are particularly exposed to this infection, few hospitals insist on their whole staff being protected by systematic inoculation of the triple vaccine; most use it spasmodically when an outbreak occurs (locking the door after the mare is stolen). Immunity against diphtheria by means of repeated doses of toxin-antitoxin or of anatoxin, controlled by the Schick test, is universally recognized as a permanent security and is employed in all children in most progressive communities in America, but how many hospitals protect their nursing staff in this way? Permanent protection against scarlet fever is now an established fact, accomplished by increasing doses of the toxin and checked by means of the Dick test. Dr. Dick reports having 206 nurses immunized in this way before taking their training in the scarlet-fever wards of an Isolation Hospital, and none of them developing scarlet fever, though the usual incidence in such nurses is 10% to 15% in other infectious disease hospitals. The method has been adopted for the protection of young children in many cities, but apparently not in hospital training schools. Protection in the case of several other diseases has been suggested but is not yet firmly established.

How best may the protection of the staff and through them of the hospital and patients be accomplished? Haphazard methods such as requiring a certificate of smallpox vaccination from each probationer and immunizing part of the nurses at irregular intervals against other diseases are worse than useless as giving a false sense of security. A physician interested in the work and experienced in the modern technique should be appointed in each institution. It should be his duty to see that every probationer or newcomer to the nursing staff is systematically and permanently immunized against all diseases in which we have an accepted and standardized method of immunization, and to keep a definite record of the same. To secure the service being kept up to date he should be paid for his work and held responsible if preventable infectious disease occurred among the staff. The advantages of such a system are obvious and the objections seem insignificant. It would entail a certain expense, which would be trifling and less than that incurred by the illness of one nurse even in those benighted communities where the local Health Board does not provide the necessary vaccines for the protection of the health of the inhabitants. There is also the risk of serious reactions and the time lost by the nurses and the discomfort of the various hypodermics and vaccinations. All these must be taken into serious consideration, but in this world few things of value can be obtained without risk or sacrifice, and after all with modern precautions all these risks are infinitesimal compared to the

danger incurred by non-immune nurses in their ordinary work.

Any modern army would feel itself disgraced if its activities were impaired and its effectiveness lessened through preventable disease. How much greater should be the shame of an institution which should be an example to the community in all hygienic measures, if an outbreak of diphtheria, scarlet fever, or typhoid should occur among its staff.

To sum up, it is the duty of every training school or nursing institution to employ systematically all the recognized methods of immunizing its staff against communicable disease before they go on active duty in the wards. This is best accomplished by appointing a competent experienced physician to see that such measures are regularly carried out with all probationers.

International Nursing Education

FIVE years ago the Nursing Division of the League of Red Cross Societies, building on its faith in the value of a university education to prepare nurses to be teachers and educators in the field of public health, established a course in Public Health Nursing in London. It was a stirring time in the history and development of nursing. Old horizons had faded to make way for more distant ones and individual efforts suddenly found international scope and opportunity. Duties that had once seemed all-absorbing were now dwarfed by the immensity of the tasks ahead. It was a time for great visions, great ventures.

The League of Red Cross Societies had been founded in the belief that "co-operation is more compelling than force and service is more charitable than charity." It had been the good fortune of some countries that their nursing services were highly developed: it should now be their privilege to assist the development of nursing in countries not so fortunate. With confidence in the value of such co-operation, the Nursing Division established its Course in September, 1920.

On June 30, 1925, nineteen students received certificates from Bedford College and the League of Red Cross Societies. The occasion was one of double significance, for it also witnessed the formal opening of the beautiful new residence for the students at 15 Manchester Square, London, England, by Her Royal Highness the Duchess of York.

Sir Arthur Stanley, chairman of the British Red Cross, in opening the meeting thanked the Duchess for graciously consenting to be present, and read various telegrams of congratulation. Sir Claude Hill, Director General of the League of Red Cross Societies, in extending a welcome to the Duchess, gave a brief sketch of the functions of the League and of the history of the residence which would be declared open that day. He said that the International Courses at Bedford College had been established in an effort to meet the need for a training centre for nurses.

Miss Olmsted, Chief of the Division of Nursing, then spoke as follows:

"There are two great problems facing Red Cross Societies today; the promotion of the highest standards of nursing education, and the recognition of Red Cross Nursing by the public and other societies.

"The Red Cross Societies are ably caring for the first problem, for nursing is being promoted by 49 societies. Thirty-eight of the 49 societies are conducting courses for the education

of their nurses, and of these schools, 28 are the best, or equal to the best, in the countries. Only nine countries have better schools than those of the Red Cross, and in 13 countries the nursing service furnished by the Red Cross is the only existing one. In 29 countries public health nursing is being developed by the Red Cross; in only nine countries are there no societies promoting nursing. Seven societies are still training volunteer nurses or nurses' aids. Thus we see that Red Cross nursing is fast assuming international importance.

"The great effectiveness of Red Cross nursing throughout the world is proved by the fact that national Societies, through the League, have established an international course for their workers.

"We say in America that 'The proof of the pudding is in the eating.' No one could fail to be impressed with the value of this coming together of foreign nurses for study, if he could but visit them in their countries and see the spirit with which their work is imbued. They have learned to think in terms of world-wide needs, they have seen a vision of something greater than their own countries, they have an international ideal toward which they will work. This year of study is for some a direct answer to their problems; for others it gives a background of scientific knowledge and a basis of judgment from which they may think out their own solutions. The application of their knowledge must in each case be different, it must be adjusted to the needs of Bulgaria or Greece, of Iceland or Uruguay.

"Sixty-six students have completed the course and, of these, 45 are engaged in public health work. Of these, 36 are holding very important positions as directors of public health nursing services and 40 of them are teaching public health nursing to students. Thirteen of the 66 have taken up hospital work and nine of them are directors of schools. Three are married, two are studying, one is in a convent and two are in the employ of the League.

"It is not necessary to go abroad to cite work well done by former students, there are several in England, and two here in the residence whose influence will long be felt in many countries. Mrs. Carter, who has been Director of Studies for three years, is in large part responsible for the enthusiasm, the love of their work and perseverance that now inspire all those who have been under her guidance. And Miss Beaton, another old student, has devoted herself to making this house the beautiful and artistic home it now is. She has put her heart into every pot and pan, into every artistic grouping of colours, into the comfort and cheer of each individual room in order that the nurses may carry away with them not only a love for their friends and for the spirit of nursing, but a love for the beauty and tranquillity of their English home. May you put into your work the inspiration of the ideals of Florence Nightingale.

"And so once more a class of students has passed into history and the making of history. The time for taking counsel together is past; these nurses face a future full of new responsibilities and daily demands upon their judgment and courage. They have learned self-reliance, sympathy and a faith in the value of the work they will do. They are now going out to meet a generation which is eagerly seeking a way to health and sanity. It is the splendid opportunity of these young women to help to guide this movement, to inform its spirit and enrich its life, and thus to contribute toward determining human destiny for generations."

(The World's Health, August, 1925.)

International Council of Nurses Headquarters

This illustration is a photograph of the main office of the Headquarters, International Council of Nurses, at Geneva, Switzerland, of which Miss C. Reimann, secretary, writes in part (on December 19th, 1925):—

"Our so-called 'Conference Room' has four windows overlooking the beautiful Lake Leman and the Place du Lac. The furniture is mahogany, and the colour of the wallpaper, curtains and tapestry of the furniture is blue with a tinge of drab; the former, the colour of the International Council, being chosen according to decisions taken at Halila, Finland, this summer. The room is very spacious and will provide an excellent place for the meetings of the Board of Directors, if so desired. It will also be useful for nurses passing through Geneva as a room for study where they can utilize our international material.

"At the extreme left of the photograph is seen part of my working table, with the typewriter. Then comes our immense bookcase, with four large glass doors. Here I hope we shall have, with the assistance of our members and friends, a complete collection of nursing magazines from twenty-one countries, in thirteen languages. On the right of the window next to the bookcase is a black marble fireplace, which is not used, however, as we have a very good stove on the opposite side of the room. At the extreme right of the photograph a glimpse of one side of a bookcase is seen, which contains mostly nursing text and reference books. On the other side of the sofa there is a bookshelf with dictionaries and books on general information. Between the two windows in the centre of the photograph is a bureau with a number of drawers in which it is very convenient to keep information of all kinds. I am extremely sorry that you cannot see the two very large cupboards we have had built in the room itself. These reach the ceiling and measure more than three metres in length and are used for material specially prepared by the different countries for the Council.

"The Headquarters are really ideally situated in the old part of the city. The view from the two windows at the end of the Conference Room is indeed beautiful, for it includes the lovely Lake Leman, the Mont-Blanc Bridge and Rousseau's Island, the latter being right in front. On the opposite side of the lake is the Mont-Blanc Quay, then all the imposing hotels and the landing pier of the lake steamers."

Nursing as a Profession in France

Nursing as a profession in France has been sharply divided into the lay nurses and the nursing sisterhoods of the religious orders. Their independence of each other led to a considerable variation in the standard of work and training. The weight of historical tradition rested with the religious orders, whilst freedom to adopt modern methods was enjoyed by the lay nurses. The sisterhoods upheld throughout their hospitals a high moral standard, and emphasized more fully than did some of the lay schools before 1905, the ideal of a vocation. Their main difficulty was that every time a powerful anti-clerical party came into power, the religious sisterhoods suffered from political persecution, which impoverished their resources and greatly hampered their work and progress.

The application of scientific principles to his work by the physician, the rapid advance of medical practice, and the dawn of preventive medicine brought the work of the nurse into greater public prominence, and added yet heavier responsibilities to those already imposed upon her.

To her equipment of devotion and service, the nurse in every country now had to add scientific knowledge of such a standard that she was able to keep up with the progress of medical practice.

It became abundantly evident to the leaders of the nursing world that the question of the education of the nurse was a serious one for the State, and that some definite standard had to be laid down to which all the training schools should conform.

The two principles on which the training schools were founded were:

1. The so-called "Nightingale" principle which is the one which has been adopted by the sisterhoods since their earliest foundation: the superior of each hospital being also the matron in charge.

2. The "Separate" system on which so many of the lay training schools in France have been founded.

The "Nightingale" principle includes the training school as an integral part of the hospital, and the service and training of the nurses is completed within its walls. The training is therefore limited to the scope of work undertaken by the individual hospital; a complete training being only possible where the practical and theoretical experience afforded by the hospital is complete in itself.

The "Separate" system places the training school outside the hospital walls, and establishes it as a unit independent of any individual hospital. Practical experience is arranged for the nurse candidate in any hospital, special or general, which can afford her the experience she requires. By this method it is claimed that the nurse can receive a thorough training within two years.

These two principles are not as absolutely opposed to each other as at first would seem to be the case. According to the first, the training of the probationer, as we call her in England, is subordinate to the requirements of the work of the hospital; and to the second the hospital provides practical experience to suit the requirements of the probationer.

The hospitals in France are regulated by the Act of 1893, Assistance Medicale Gratuite. The religious sisterhoods, only on very rare occasions, own their hospitals, but they are placed in charge of the State Hospitals (Hopitaux Communaux et Departmentaux) and the Mother Superior is appointed as the Matron of the Hospital. There are a few hospitals supported by charity and endowment under the direction of voluntary committees, but this is not usually the case.

The decree establishing State Registration of Nurses in France, by laying down certain definite requirements of training and experience for the nurse, sought to reconcile the two types of training then in existence, and to insure a more uniform standard of professional qualification and education.

A decree under the French law does not constitute an Act of Parliament; it differs in degree of power from an Act. The decree establishing State Registration of Nurses, signed on the 27th June, 1922, was able to compel the formation of examining bodies to be set up under the regulations laid down in the decree, and could further have insisted upon the State Registration of Nurses being compulsory, had this been desirable in the early stages of the movement.

State Registration is, however, popular among the French nurses, since there are many advantages to be gained by possessing the State Diploma.

It is possible that in the future the State Diploma will become compulsory in France by the passing of an Act in order to keep the work of a nurse in the hands of trained women.

The Decree of 1922, instituted for the French nurses a State Diploma entitling the candidate, subject to her complying with certain conditions, to be recognized as a trained nurse.

The conditions are:

1. That her training school must be approved as a training school under the rules laid down by the Decree.

2. That the candidate must have passed the examinations established under the Decree.

The examinations are set from the Central Authority and must be conducted in towns where there is a University or Faculty of Medicine. The examining bodies are nominated by the Minister of Hygiene.

The examining body has its membership defined by careful ruling, and the training schools are represented upon it, as well as the nurses who hold the State Diploma. The diploma granted to the nurse, who has complied with the regulations, entitles her under the Decree to wear a badge, and to sign herself Infirmiere Diplomee de l'Etat.

The Nursing Advisory Council deals with all questions arising from the alteration or expansion of the curriculum, and the Council requires a minimum service of two years' training before the nurse may apply to take the diploma. The Council also has to approve of the training schools before they are recognized by the State.

A provisional order allowed a period of grace in which existing nurses could qualify for the diploma, or could obtain on their experience, recognition as trained nurses. Provisions will also be made for male nurses in the future.

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The Present Day Relation of Doctors and Nurses

By ELLIOTT C. CUTLER, M.D., F.A.C.S.

The greater part of my first ten years following graduation from medical school was spent in hospitals. These years were spent in teaching hospitals where problems regarding nurses and nursing were ever present. For at least two of those years I was a fellow pupil with nurses, and during the succeeding years I have attempted, as a teacher, to hand on to the classes of nurses the knowledge I had accumulated that might be of benefit to them. I have worked for and with practi-

cal and visionary leaders of your profession. As a result I can say that if doctors were forced to relinguish all methods of therapy except one I think that one would be good nursing.

I assume that the profession of medicine and the profession of nursing have a similar purpose: better service to the sick. I also surmise that even your most imaginative leader will agree that you do not intend to practice nursing independently of the medical profession. If we accept these obvious statements it is certain that physicians and nurses should be not only mutually helpful but should always maintain a liaison if they wish to succeed and progress. The two professions are like the legs of an architect's compass, useless unless united.

The profession of medicine is as old as civilization and the profession of nursing one of our most recently created occupations. Yet nursing has always been a woman's birthright, although it has only recently been set aside as something worthy of especial study. The recent and tremendous impetus behind this development seems to be dependent on two factors, namely, the general emancipation of women in relation to the many activities of life, and the necessity for expert assistance of a special type in the development of modern medicine. With the discovery of specific bacteria as the cause of certain diseases, new methods of treatment and study arose that necessitated the employment of trained medical assistants. Nurses were already at hand in hospitals, and it was only natural that great efforts should be made to train them along lines that would permit patients to receive full benefit from the far-reaching discoveries that were being made.

Now nurses have much instruction, a limited daily service, and are relieved of what we might call the irksome jobs of sixty years ago. There can be no denying the resulting benefits to all concerned. The nurse has been raised to a far better standard in life; the profession of medicine has gained a highly-trained, effective and responsible ally; the patient has gained an intelligent and capable helper.

This change and development has been steady and rapid. The first training school was established by Miss Nightingale to educate the matrons of hospitals; later, the trustees of institutions saw the wisdom of having successive groups of young people serve their sick, and a quite separate reason for training schools appeared. Later still, the doctors demanded more intelligent assistance and the modern training schools for nurses came into being.

The development of the Lakeside School of Nurses in this city (Cleveland) is typical of the development of modern nursing schools in general. Indeed, we can study in Cleveland the entire change, from hospitals practically without organized nursing personnel, through the period of granting diplomas to nurses who would stay in the hospital for a given period of time, to the establishment of a real training school of nurses, and finally to the creation of a school of nursing as an integral part of the university.

Demands from the Medical Profession

Modern nursing education has reached this high development within a brief period. We must not, however, look upon this metamorphosis as an experiment nor as the result of the hypothetical ideas of a few people. It has all come about through incessant demands from many quarters. These demands came chiefly from the medical profession.

As time went by the tendency of the medical profession to split up into specialties demanded further training for some nurses. Finally the opportunities for service in the community, as public health and in-

dustrial nurses, when the lack of frequent contacts with the physician demands an even greater knowledge of medical matters, led to a fresh demand for an especially qualified and responsible type of nurse, who could work for the first time a good deal on her own responsibility.

All this has led to a persistent demand for greater and more extensive training. It has resulted in more time being devoted to training nurses in the special branches of medicine. And to understand their newer and broader fields, it seems wisest to give them a fair grounding in the basic facts of the medical profession, in order that they could give more expert service. This has resulted in more hours being set aside for class-room exercises without any lengthening of the period of time devoted to acquiring a complete training. This, in turn, has resulted in a decrease in the number of hours available for training in the practice of the art of nursing.

Where will this lead us to eventually? Are we not already duplicating to some extent in our nursing schools, the medical student's training? Is the order of the studies in the nurse's curriculum well arranged? Are we not trying to cram into three years an education that demands five years? Is all this education necessary? Are we to continue at the same rate and along the same lines? If so, will not the professions of nursing and medicine overlap? Nurses are certainly going faster in their approach to the medical profession than the latter is enlarging its horizon as a whole or changing its curriculum demands. Where are we to stop?

I ask these questions, obvious as they are to all of us, that we may frankly face the issue. No one in your profession can be more interested in your development than the doctor with whom you come in daily contact. Since you are his chief assistant, he naturally enough wishes to see you as well trained as possible. Moreover, he can visualize your value as a special assistant, whether in X-ray, public health, surgical, anesthesia, or industrial work, better even than you can, since these are the walks of life that he controls. To be sure the doctors themselves have some differences of opinion regarding these matters. Thus, some surgeons feel that a nurse makes a better anesthetist than a doctor, others believe the contrary; some advise the corporations, for whom they are consultants, not to employ industrial nurses, while colleagues may feel the opposite. As a group, however, they are your best friends and advisers.

What worries those doctors, who are the best friends of the nursing profession, is whether the nurses are not, perhaps unconsciously, trying to break away into a separate field, as other medical agencies have. The breaking away from the scope of medicine proper is usually the fault of the profession of medicine; thus Christian Science, osteopathy and chiropractic, as separate units, are really the result of the failure of medicine to visualize and emphasize these forms of therapy. It seems to me as if nurses were also a bit anxious for a similar independence. Just why? I do not believe they themselves know. It cannot be that their independence will enable them to better achieve their aim—better service.

The very thought of such a possibility of separation is unfortunate. I bring this up because I have often been asked whether the profession of nursing was leaning towards the medical profession or elsewhere in its attempts at what it might look upon as emancipation and higher development.

Let us return again to your purpose. Surely it is identical with that of the medical profession—to render better service. Does the modern training school do this? Has its internal construction and curriculum

kept abreast of the changes and new demands? Twenty-five years ago it gave a three-year course. It still gives the three-year course in spite of the fact that innumerable new developments have demanded a place in its curriculum. Study for a moment what has happened in medical schools. Fifty years ago two or three years sufficed for the complete training; now all good schools give a four-year course, some five, and a few six years, and the hospital training must follow this. If we are to agree that it is desirable to train nurses to keep abreast of the medical advance, the same general scheme of increasing the period of study must be followed in your schools.

Community Needs Different Kinds of Nurses

But there are still difficulties in that the adjustment to an enlarged curriculum does not simply mean the addition of two years' study. For we must recognize in the beginning that the community we serve needs different kinds of nurses just as it needs different kinds of doctors. Thus, the general nurse and the special nurse should have a training differing in both quality and quantity. I can see no reason why the general nurse should have special training in medical history, surgery, medical laboratory work, dietetics, dispensary, social service, public health and industrial work. And she should have a minimum of class work in the pre-medical sciences.

If the curriculum is well arranged, a three-year course of study should amply suffice to give a thorough training in general practical nursing. Students who wish to work in some special branch of nursing should have this same general training. By taking out of the present jammed curriculum certain elements that may be properly classed in the field of specialties, and by a reduction in the hours devoted to class work, it should be possible to give better general nursing training. The special nurse can spend as much time after this general training as she desires. The three-year period for a training in general nursing should not be lengthened. And during this period, emphasis should be placed on the practical care of the sick patient.

The chief aims in nursing are to give mental and bodily comfort. Does one need to know much chemistry, bacteriology, anatomy, and physiology to do this? It has been remarked that the present curriculum in many nursing schools is over-full, and that the present and future additions, and if we contemplate progress there will always be more to add, find their place there at the expense of practical nursing. I may be wrong, but I believe practical nursing can only be taught at the bedside by practise, just as we believe surgery should be taught at the operating table. Are there any here who want to be explored by a surgeon who has learned his art from books and lectures? Let us admit that he is a better surgeon for knowing much regarding the physiology of the blood, the lungs, and the more important viscera; but if he can only learn this at the expense of practise, I do not want him to meddle in my interior. Is not something the same to be said regarding nursing? Is not the practical side the all-important?

Three Years of Bedside Nursing

In view of all this it would seem advisable that in the first three years training the major portion of the nurse's time be spent at the bedside of patients receiving practical instruction. This should include everything that relates to the sick patient, from a responsibility regarding the cleanliness and attractiveness of his surroundings to a sensible understanding of how to feed the indivi-

dual. This presupposes that the nurse in the ward is the responsible person for all activities that reach the patients. If nurses do not feed sick patients, they are robbed of one of the most valuable aspects of their training. If they do not practise cleaning and making pretty and attractive the surroundings of the sick patient, they will fail to realize a most important element in the rehabilitation of an invalid. Moreover, merely to control these activities is not sufficient. One must practise in order to learn, and certainly unless one has practised, one can hardly instruct others. Curiously enough, the word service seems now-a-days to have taken on a new meaning conveying a certain sense of degradation. Even so, I cannot visualize any woman with the high ideals of the nursing profession failing to recognize the lasting rewards of service to a sick individual, no matter how menial the task may appear. There will be in all this practical nursing much that appears humdrum, such as, let us say, the making of clinical charts. Similar things occur in relation to doctors during their period of internship; for example, the constant taking of blood counts. In fact, in this instance, I think perhaps the nurses have the best of the doctors, because they at least have the vision of their good work constantly before them. Here again practise is important.

Thus, at the end of three years, a diploma or degree should be given in general nursing. For those who are to specialize, another one or two years' work will be necessary.

You will ask how are we to fill satisfactorily the positions in X-ray work, public health work, nursing administration, anesthesia, industrial nursing work, and other special fields, for which there is so much demand. My answer is that these are specialties, just as X-ray work, hospital administration, anesthesia, and similar activities are specialties for the doctors. It seems to me that the only way to retain good practical nurses and also to have groups of nurses specially qualified for certain fields is to model your scheme on the most satisfactory methods now used in medical education. A nurse who enters one of these special fields expects and demands larger financial rewards than the general body of nurses. She should be willing to pay for it by extra work after she has obtained her nursing diploma, just as doctors entering a medical or surgical specialty put in extra years of study after graduation from medical school. I hope I can see in this new university school here (Cleveland) graduate schools of public health nursing, industrial and school nursing, divisions of hospital and nursing administration and teaching, departments of anesthesia, roentgenology and surgery. There may be added classes in medical and nursing history, in literature, and other subjects calculated to give the future teacher a broad cultural aspect towards her profession. We cannot expect nor do we need such an elaborate training in all nurses.

Specialism is the cry of our day. It is the inevitable result of the rapid and great increase in practical knowledge. No one person can be expert in all fields, and it would be a pity to fail to be a success in general nursing in a vain attempt to learn a little of everything. I can speak with authority only in my own field, surgery. Twenty-five years ago a surgeon was expected to be able to perform any operation skilfully. Can he do so today? Where, pray, can he get the experience that will permit him to examine the heart, brain, kidney, or lung with the same degree of skill that he opens the abdomen? Were he to study and practise in special hospitals where each specialty was practised by a surgeon of wide repute, he might eventually ac-

quire such skill, but by that time his years for practising his art would be almost at an end. The same situation is present as regards nurses. A very elaborate education will not yield a commensurate reward.

Common Ground of Appreciation Needed

I fear this has been a difficult matter to cover in a short evening's address. We have been able to touch upon but a few of the more important phases. I hope, however, that even if many of you cannot agree in fact with my premises and explanation, this attempt to depict the present relations of nurses and doctors will bring us all to the common ground of appreciation of each other's goodwill which, after all, is of a far greater importance than the construction of an ideal curriculum. If the right idea is present, we need not fear for the form of its expression.

If I have expressed what may to some of you appear as criticism of an existing plan of nursing education, I hope you will agree that it has been given with a constructive desire to help and assist you. I am heartily in favour of increasing the quality and quantity of nursing education, but I feel that such advances should take place along slightly different lines. It appears that the education of doctors and nurses have a certain parallelism. Each attempts to give a general education, and also to turn out specialists. A scheme of education for one would seem to offer suggestions of some value to the other.

(The Modern Hospital, January, 1926.)

In reference to the foregoing address Miss Carolyn E. Gray, M.A., who conducts the department on nursing and the hospital in *The Modern Hospital*, says:

Most heartily do I agree with Dr. Cutler that "the professions of medicine and nursing agree to a similar purpose: better care of the sick." But that is not all; we nurses want to be intelligent enough to help prevent sickness. We want to be able to translate scientific knowledge into the simple, non-technical language that will be understood by the average, or even the below-average, individual. All too often it is the none too intelligent mother who makes the individual application of the most brilliant discovery of the learned scientist. And who has a better opportunity to teach mothers than nurses, be they private duty or public health workers?

Dr. Cutler further states: "It is certain that the doctors and nurses not only should be the most mutually helpful groups of individuals, but they must always maintain such a liaison if they wish to succeed and progress." As evidence that Ohio nurses not only agreed, but acted upon this assumption, I submit the report of the committee of nurse education, Ohio State Medical Association, which appears in *The Ohio State Medical Journal*, May, 1923. The members of this committee and representatives of the various nursing groups spent days in earnest conference and honestly tried to get each other's point of view. There was every reason to believe that the result of the conferences was mutual understanding and good-will.

Perhaps it is time to have some more conferences of this sort. I know the nurses are always ready to meet the doctors more than half way.

One suspects that Dr. Cutler is joking when he suggests the possibility of the professions of nursing and medicine overlapping. Even in the best schools nurses are given so pathetically little real education that they are constantly obliged to supplement their initial preparation in order to co-operate intelligently with doctors and other health workers.

Why Increased Education for Nurses?

By MRS. JOHN H. LOWMAN, Member of the Trustees Advisory Committee, Western Reserve University School of Nursing, Cleveland

In his statement that if doctors were forced to relinquish all methods of therapy except one he would have that one good nursing, Dr. Cutler has paid great tribute to the profession of nursing. These words are especially significant coming from one whose many years of experience with hospitals and nursing enable him to speak with well founded conviction and authority.

This being the case I believe that no preparation can be too good for those who are to continue to justify this statement. On the other hand, it is easy to understand that the increasing pressure of work in hospitals, together with the readjustments necessary to put the education of nurses upon a higher plane, must cause a great deal of hardship to all concerned and no doubt great uneasiness to those who, like Dr. Cutler, fear that the little learning, which is so truly a dangerous thing, will be the result of these efforts.

Path of Greatest Usefulness

However, no one can read Dr. Cutler's address without being convinced of his good will toward nurses and his earnest desire to have them choose what he considers the path of greatest usefulness. Many have been the expressions of appreciation of his attitude on the part of the very nurses, in Cleveland, who have dissented the most strongly from some of his premises and conclusions.

Some one remarked to me once that a university hospital man lives and dies an internist. What the monastic orders represent in religion, he represents in medicine. His ideals are high and his whole attitude is not only that of a teacher but of an idealist. His poor are the poor of clinics and hospital dispensaries. When he speaks of private duty nursing he thinks of the well-to-do classes and of expert medical care. He has a world of his own and the scientific life of that world is of a very high order, as is his own great usefulness and worth. When he thinks of the education of his medical students his attitude is one of fraternal benevolence. I wonder if there is anything more beautiful in the attitude of a great teacher of medicine than his desire to pass the torch on fully lighted to those who follow him.

But when it comes to the nurse, say what he will, he sees her either as a permanent part of a hospital mechanism or as the able aid of his distinguished confrères in homes where all the main factors of safety are assured. In spite of the word "profession" which he has accorded her, he still truly believes in his heart that hers is a manual and vocational occupation and should remain so. But here precisely is where it seems to some of us that he falls into a grave fallacy. For if an informing mind and a fine spirit stand behind the practice of nursing this occupation becomes an art—one of the finest of arts.

For the acquisition of a fine art there must be education and practise—strong education and constant application of the principles that education makes clear. It is precisely with the kind of nursing that remains on the level of a mere occupation, because of the lack of knowledge and the inspiration that knowledge brings, that physicians have a just cause for quarrel, even when they least understand the causes of their dissatisfaction.

Physicians have ever been dissatisfied with the result of merely apprenticeship training for nurses, even though the majority of physicians have constantly endeavoured to keep nurses in the category of apprentices rather than that of students. The story of the systematic fight on the part of nurses consecrated in spirit to the task of rescuing the sick from the care of women of inferior education and attainment can be touched upon very lightly here.

State registration for nurses, improvements in methods of teaching, and improvements in the matter of better physical conditions for nurses have been unnecessarily difficult to accomplish because of the inertia and lack of information on the part of the public, and because each improvement in the nurse's education and environment has necessarily cost the hospital time, money and the inevitable confusion incident to readjustment. The acute need of the hospital for emergency service has always had the effect of concentrating upon it the greater part of the attention of those responsible for the nursing care of its sick. But is it reasonable to suppose that in this day when youth is flocking more eagerly to the universities than ever before, and when hundreds of attractive vocations are opening up for women where ten were known only a few decades ago, we can best serve our purposes by recruiting nurses from the ranks of those who are untouched by ambition and aspiration?

Problem of Attracting Desirable Students

An apprenticeship system will no longer attract the best material, and we need the best human material with thorough education and training. One of the big problems is that of getting the most desirable and forward-looking women into our schools of nursing, so that we may provide more adequately for the care of the sick and the wider distribution of the benefits of medicine and hygiene. We do not wish to pursue a method that will turn the desirable candidates into other fields and leave us with material of lesser strength, for it is only the best with whom you and I wish to entrust the care of our sick.

The bedside care of the sick seems to many of us to be the one type of nursing where the greatest skill, wisdom and resourcefulness can come into play. Think of the opportunity afforded by the continuous observation of the patient, of which Dr. Emerson once spoke so inspiringly to nurses. What will the nurse make of that opportunity if she is unprepared by education and unquickened by knowledge? Can anything less than education and a fine instinct give her the realization that the power within the patient to help save himself must be cherished and succored by every attention that skilled nursing can give? Can anyone doubt that the bedside care of the sick is the key position, the one in which the nurse may truly become the fellow worker of the physician?

We need large numbers of the very best women to help us meet the many difficulties of hospital readjustment. We do not want "seconds" but "firsts" in every sense of the word. Carolyn E. Gray spoke wisely when she said, in a recent address before the graduate nurses of Virginia, who have already raised among themselves twenty thousand of a twenty-five thousand dollar fund with which to help establish a chair of nursing education in the State University of Virginia: "I beg of you to remember that the finest by-product of the highest type of education is a comprehensive and sympathetic knowledge of human need, and a willingness to sacrifice oneself to meet that need."

What a reward for the oldest of woman's occupations if we say that it must content itself with little better than apprenticeship training in

an age when education is attempting to lay a groundwork for all types of usefulness for whose exercise men and women fit themselves. And how very strange it would be to suppose that, if a nurse were to be educated for one branch of work alone, in the present-day temptation of change she would remain in one place at one type of task. The human being is responding as never before to restlessness and the temptation of change, and there is no greater incitement to restlessness than superficiality. Therefore, we need to get a high type of woman and give her a thorough education and genuine conception of her profession.

Probably no nurse ever strove more painstakingly and with greater ardour to improve the standard of nursing education than did Isabel Hampton Robb. Among some papers found in her desk after her death were notes of an unfinished address to be given at a jubilee meeting of the fiftieth anniversity of the founding of the first school of nursing. In these notes there appeared the following phrase:

"Fourteen years after the Nightingale School was established in England the first regular training school for nurses in connection with a general hospital was founded at Bellevue Hospital, New York, on much the same lines as the one in England. Hence, like her English sister, the trained nurse of America is the child of the public and not the outcome of medical development; in fact, she may be said to have been thrust upon the medical profession before modern medicine had developed. In view of these facts, then, whatever the modern nurse may have to her credit of praise or blame, you of the laity must recognize her as your own product, largely the result of your own bringing-up and of the opportunities you have afforded her."

We of the public are greatly concerned with the promotion and support of schools and universities, but until quite recently we have not acknowledged our responsibility toward schools of nursing, which have had to face a large measure of poverty and misunderstanding largely because of the apathy of the public. I am sure that no one will rejoice more greatly than Dr. Cutler when these trying days of transition are passed and when really good schools shall have had a chance to do their part and make their contribution.

(The Modern Hospital, January, 1926.)

Sit Up Straight

In equipping the schoolrooms, healthfulness should be considered. Pupils still spend most of their time sitting down in many schools. It is important that seats should encourage correct posture and should be of a height that permits the pupil easily to rest his feet flat upon the floor, with the knees bent at right angles.

The chair seat should be so shaped that the pupil will not easily slide forward; the chair back should support the back so that the child may comfortably avoid slouching or slumping; the desk should be low enough to permit him to write in a comfortable position, but high enough to permit the correct position of foot and knee.

Desks should be of dull finish. The top of the desk should be slanted about fifteen degrees. — From "Hygeia," November, 1925.

Experiences in a Red Cross Outpost

By AN ONTARIO OUTPOST NURSE

Red Cross Outpost — The name suits the small two-storied building at the cross-roads, shaken by passing trains and stifled in a smother of dust from the heavy traffic. "You'll take a little while to get used to it," said the departing nurse. This was putting it mildly, but when at last the strangeness and unfamiliarity of it all had worn off, life became one absorbing effort to meet the many and varied needs pressing so urgently on all sides.

Monsieur L. walked in by himself, in much trepidation and great fear of what might await him. The orders, by telephone, had been, "Give as hot a bath as he can stand—inhalations q. 3 h. and force fluids—no solids." The hot bath meant lighting the big kitchen range, which was done with the kind assistance of a next-door neighbour and a friend of one of the patients who happened to be visiting that afternoon. "A profuse diaphoresis" would be understating his condition three-quarters of an hour later. He thought he was dying, and next morning when the stomach tube was produced and passed Monsieur L. decided that it was positively his last appearance in a hospital. "Sticking a hose down my throat," he complained bitterly, "and holding it there, starving me and boiling me in hot baths." It took some patient explanation to bring home to him the dire consequences of drinking poison and the absolute necessity of drastic treatment, but finally he allowed himself to be persuaded and departed three days later, promising to take better care of himself in future.

Br— Br— Br— went the telephone. Dr. ——'s pleasant voice saying, "I'm sending in Mrs. Z., aged 22—six children at home—provisional diagnosis, myocarditis — condition poor—let me know when she arrives." Well, what could be done to make the tiny single room look brighter and more attractive? Old Dutch and plenty of elbow grease for the white paint, the floor mopped and oiled, mats shaken and put back, with a well-made bed and a tiny posy of lovely pansies borrowed from a convalescent patient in the next ward to put on a spotless bedside table completed the preparations. Scarcely was everything ready when a tin Lizzie drove up to the door with an apparently unconscious woman supported in the back seat. "O yes," she murmured faintly, "Doctor told me, my heart was bad, but I never paid no heed to it till last week after I'd cleaned the house and helped get in the hay and then I felt awful queer."

With a lump in her throat the assistant nurse went about her work, grimly determined that the mother of those six children should be spared to them if a Red Cross Outpost could do it. Fortunately, there was a gatch frame bed. A kind ex-patient lent his electric fan. It was an airless, humid evening, and as the hours wore on the pulse became feeble, feebler still, finally almost imperceptible. Was she going to leave us, so young, so brave and so much needed? . . . The doctor ran up the stairs two steps at a time and was slightly more re-assuring than the nurse had dared to hope. "If we can tide her over these few bad hours she will probably rally," he said. At 6 a.m., cold and heavy-eyed after spending the night on the operating table mattress, over a box and two chairs, the nurse stumbled down the stairs happy in the knowledge that Mrs. Z.'s pulse was regular and fairly strong and that she appeared to be sleeping comfortably. . . . .

"Four tonsillectomies this morning, and I'm afraid those two obstetrical

cases will come off before tomorrow," remarked the nurse-in-charge at breakfast. They did, receiving medical care and kindness instead of having to go through their ordeal alone and helpless on a farm ten or more miles from the nearest neighbour.

Medical, surgical, obstetrical—such are the needs which the Red Cross Outposts are quietly and unostentatiously supplying, without flourish of trumpets or advertisement, a fitting sequel to the war work of ten years ago.

The opportunities are legion, giving a helping hand or speaking a word of encouragement; trying to comfort a broken-hearted mother whose new-born babe lies dead in the next room for lack of pre-natal care; explaining to a bewildered and sceptical cardiac lad that he simply must not load and unload the haywagon; assuring old Mr. B., aged 69, that he is not necessarily going to die because he must go to the big city and have a serious operation; supporting a parturient woman through her hour of need and rejoicing with her over the birth of a splendid boy, and last but not least the satisfaction of being able to second the noble efforts of the doctors, whose patient and unceasing service, so often, alas! entirely unremunerated, can only be appreciated by those who have had the privilege of knowing them—these and many others are the compensations which come in a day's work at the Outpost.

Of the tragedies one does not speak—the life lost because no one thought it serious enough to send for a doctor, the deformities which early treatment at an orthopoedic hospital could cure or lessen, the weary mothers coming to hospital broken down from sheer overwork, the children handicapped for life because there was no one to explain to mother about child hygiene—these things will cease only when each one of us is a living exponent of the words on the Red Cross insignia, "I come to to serve."

School nursing is probably the most important part of any adequate system of school medical inspection. As has been stated, the nurse can assume practically every function which has been considered the work of the school doctor, with the exception of making physical examinations. Even here, it has been found possible for the nurses to make all of the tests of vision, hearing and teeth, to make tentative diagnoses of the presence of adenoids and hypertrophied or diseased tonsils, to determine whether or not the child is under-nourished, and, in fact, to make a preliminary diagnosis of practically every physical defect or disease except those concerned with the heart and lungs. Even in these two latter instances the objective symptoms, or those that may be readily noticed by any trained person, are often so obvious that the nurse, or even the teacher, may detect a certain proportion of the cases. Valuable as is the contribution of the nurse to the health work actually carried out in the schools, probably her most important function is that of making visits to the homes of children who have been found to have physical defects or who are in need of any kind of health care.

In New York City, before nurses were employed in school health work, it was the common practice to send a postal card notification to parents, informing them that their child had been found to have a certain type of physical defect. A careful investigation of the results of this method showed that approximately 6 per cent of the children received treatment after this notification. With the employment of school nurses who make visits to the homes to tell parents personally of physical defects in their children and to explain to them the need for adequate treatment, the percentage of such children receiving proper treatment almost immediately rose to 86 per cent.

—(From "Child Hygiene.")

The Place of the Young Volunteer in Social Service Work

By ELSIE WATT, President, Junior Organization of Toronto

The problem—one might almost call it that—of the youthful volunteer has been approached before from many different angles, and with varying degrees of sympathy and understanding. She has been condemned and encouraged, applauded and decried, yet still remains a problem that the professional worker desires to see in some way solved. For every experienced social worker acknowledges that there are, without a doubt, immense potentialities for conscientious work lying dormant in most eager young women, which, if guided and directed in a way to enhance the feeling of individual responsibility, could be turned to admirable use by professional social workers.

In Toronto the aim of adapting to practical uses the high training of our private schools, a training which fosters in our girls the thought of others before self, and of materially aiding the work of the Public Health Department of this city, had long been at the back of our minds. These two desires when brought together formed the nucleus of the present very active body of volunteers.

During her school days, the girl is taught that the highest form of living, is living for others. She leaves school with high ideals and great desires. All too often the social round of amusement claims her to the exclusion of everything else, and the great ideals she carried out with her vanish for lack of proper incentive and encouragement. Given the opportunity, the incentive created by a feeling of responsibility in the work which she is doing, and encouragement from those with whom and under whom she works, the young butterfly retains her school-girl interest and enthusiasm in work for others less fortunate than herself. Such we have found to be the case since starting the Junior Organization of Toronto. When responsibility is placed upon her, and encouragement given by those in charge, the volunteer rises to most amazing heights of endeavour.

When the idea of amalgamating the growing need of the Public Health Department for volunteer assistants and the seemingly thoughtless, irresponsible debutante first took form there were only a few workers in one or two of our Child Welfare Clinics. These came and went pretty much as they pleased, but little more was expected of them, and what help they did give was gratefully received by the overworked clinic nurses.

To band these girls together, to increase their number till there would be two in each of the twenty-four baby clinics, and to form a live organization run by themselves was the task which now presented itself. In 1921 by rousing the interest and appealing to the imagination of those already working, the nucleus of our present large and energetic organization was started, and very shortly forty girls were working in connection with the Child Welfare Clinics. Seeing that to give the best satisfaction supervision was necessary and that the sense of responsibility is in most cases the most effective means of spurring on to the best endeavour, supervision by the girls themselves was insisted upon. With my general oversight this has proved without a question one of the most important bases upon which to build a volunteer organization, especially when co-operating with a professional body.

As the volunteer service of the Public Health Department, this group of debutantes continued until January, 1924. In that time knowledge of the work had spread and we were faced with the question of enlarging our scope. In conse-

quence of this, and with the realization that other departments of city activities might benefit by this new enthusiastic energy which was so desirous of outlet, the Junior Organization of Toronto was formed, boldly standing out in the city life as another agency desirous of aiding in its social service activities.

The organization from January, 1924, to the present has passed through changes many and varied to meet the growing demands and to give the most satisfactory results. The three departments with which we began our work have been increased to six. These briefly are:—

1st. Well Baby Clinic Department; assisting in the Child Welfare Clinics, Department of Public Health.

2nd. Hospital Department; making surgical supplies in three hospitals, with the addition of a few clerical, clinical and occupational therapy assistants.

3rd. Save-the-Baby Department; carrying breast milk from nursing mothers to the Hospital for Sick Children for premature infants.

4th. Motor Department; transferring children from their homes to the hospital clinics for treatments and return.

5th. Sewing Department; making layettes for the Victorian Order of Nurses and the Infants' Home.

6th. Miscellaneous Department; principally clerical work with the Social Service Exchange and varied activities in one of our down-town settlements.

As has been said, this very briefly constitutes the activities of the Junior Organization of Toronto, activities varied enough to meet the needs of many different types of girls. It is a well-known fact that a square peg will not fit into a round hole, and vice versa, but despite this knowledge it is very often ignored, with resultant discontent on one side and inefficient work on the other. Not only must the volunteer feel her responsibilities, but she must be happy in the special work in which she is engaged. To arrive at this desirable combination, certain machinery is necessary. She must have some body of understanding sympathizers to whom she can bring her troubles, if she has any. This body in its turn must have some one person to act as a sort of mediator between its members and those for whom they work, so that in the case of any misunderstandings there is a means of agreement. This is the essential duty of a president of a volunteer organization such as ours. The president in her turn needs the support of an enthusiastic, responsible executive, in order that the ideas of the organization as a whole may be continually before her and that she may adequately present them to those most closely associated with their work. The executive of the Junior Organization is composed of the president, two vice-presidents, secretary, treasurer, the supervisors of the six departments, and the membership convener. This, the governing body, discusses application for membership, plans new work, reorganizes old activities and keeps track of present needs. The executive also thinks out ways and means for raising money or for keeping up the interest generally through entertainments and is at all times upholding the ideals for which the organization stands.

A president is bound to feel that the organization which she represents is filling a unique position in the community; therefore it would seem rather out of place for me, as a president, to assert too strongly that I do think the Junior Organization is filling such a place. But I can say, from the apparent success of this one venture, that the debutante, wherever she may live, has capabilities which, if turned into right channels, may make her a force willing and eager to shoulder burdens which can indeed only be done by young, enthusiastic citizens.

What We Owe to the Eye

Of all the organs of the human body, the eye is perhaps the most marvellous and delicate, yet it is the one to be most constantly, carelessly overworked and to be least appreciated for its priceless services. It is only when eye disease or blindness smites that we begin to realize what an enormous part of our daily work and play is absolutely dependent on the possession of good vision.

The care of the eyes should begin at birth, for by reason of the diseases of some parents many children are born blind. One-half of the blindness in Canada is said to be due to preventable causes, and 90 per cent. of the cases of infantile blindness fall at once into this class because they are the result of venereal diseases in the parents. So it has become a habit with all careful physicians to drop a solution of silver nitrate or some other preparation of silver into each eye of the new-born babe so as to prevent this fatal infection at that time.

But because such treatment is not compulsory there are, it is reckoned, 20,000 cases of opthalmia neonatorum in the United States, and a recent survey of three provinces in Canada disclosed 189 cases of the same type of needless blindness.

During the first weeks of life, the eyes should be cleaned at least once daily with a saturated solution of boric acid. Any abnormality of a child's eyes, such as crossed eyes, should be attended to by a physician before school age. When the child goes to school the vision should be tested for defects, and if there are any the eyes should be examined for glasses. This is very important because if the child cannot see the blackboard properly it will not learn well. Defective vision often affects the general health because of strained postures, peering and eye-strain.

Nor is near-sight the only danger. The child may be able to see the required amount on test charts, but there may be some error of refraction or unbalance of the ocular muscles. Three-quarters of the oculist's work consists of examining errors of refraction and ordering proper glasses. This is an art requiring years of experience and all the scientific aids that have been devised by the study of ophthalmology, a science which attracts some of the finest intellects in the medical profession.

Squint, blurring, headaches, pain in the eyes, reddened lids, dislike for reading, irritability, sticking of lids in the morning, eye rubbing in children, may all be symptoms of eye strain. Usually corrective lenses, following careful examination, will relieve strain and correct vision; but if eye strain continues it will eventually lead to serious trouble.

During school age, take care that the child does not contract contagious diseases of the eye, such as conjunctivitis (pink eye) or folliculosis (granular lids). Teach your children not to rub the eyes and always to use their own towels and handkerchiefs; also to keep away from any other children with sore eyes. Children with infectious eye trouble should be prohibited from attending school until cured.

If there is reason to suspect infection from contact with such cases, eyes should be washed with saturated solution of boric acid. Every household should possess a medicine dropper, too (never use the common dirty eye cup or bath), so that in cases where eye drops are recom-

mended the treatment may be done effectively with the patient lying down, the outer part of the upper lid raised by lifting, and the drops well placed, where most needed.

Adults using the eyes a great deal, such as teachers, clerks, seamstresses, should have them examined at least once every two years. Such an examination must be thorough and conducted in relation to the general health. Most people of middle life begin to find that it is easier to read at arm's length than at the usual distance from the eyes. This is normal and need not cause alarm. The flexibility of the lens and of those marvellous "accommodation" ciliary muscles of the eye has decreased. It will keep on doing so as age advances. Hence the need of periodic examination with "drops" and ophthalmoscope to disclose what is needed in the way of glasses for close work or reading. If you respect your eyes, see at all times that you give them proper light. The best lighting in shops, offices or factories is found to be a good investment. It means better eyesight, better health, better work, more output.

In your home don't sit in a room with a red wallpaper or red lamp shades and expect comfort when reading. For a reading room the ceiling should be a dull cream, the walls preferably on the buff shades; and, if possible, with indirect lighting. Auxiliary lamps should be so placed and shaded as to cast light not on the eyes, but on work or book.

Never face the sun when reading or working. See that the eyes are carefully bathed if they become inflamed through unavoidable exposure to dust or glare. If you are unfortunate enough to get a bit of steel or other foreign body in the eye, get a doctor as quickly as possible to have it removed.

Black eyes—and these happen sometimes in the best regulated families—may be treated by local ice packs over a period of twelve to twenty-four hours. Wounds on the inner surface of the eyelids, as first-aid measures, before the doctor arrives, may be treated by dropping—with an eye dropper—a tepid solution of boric acid in the eye; lime burns, by dropping in a solution of one part vinegar to four of water and then washing the eye freely. Burning by acids may be relieved till better help is forthcoming by washing the eyes freely with water to dilute the acid and then with lime water or with a cup of water in which there is half a teaspoon of baking soda. Caustics and alkalies should be thoroughly diluted first by bathing the eyes with water, then boric acid lotion.

Cataract is a disease of the eye sometimes coming with advancing age. Failing vision past middle life may be caused by a beginning cataract, and only careful examination of the interior of the eye will disclose this condition. If you ever notice unusual hardness in the eyeballs, get alarmed and take advice at once. Glaucoma, or hardening of the eyeballs, is a dangerous disease leading straight to blindness unless its course is arrested. Immediate treatment is the only hope. A perforating wound of the eyeball requires the attention of an eye surgeon at once, as sight may be lost in the uninjured eye through sympathetic ophthalmia, as well as in the injured eye. In both London and New York hospitals many cases of eye strain from cross word puzzle reading have been reported lately. See that you indulge temperately in this pastime. Watch your eyes. See that they get the care their wonderful services have earned for them. Give them good light.

(Prepared by the Canadian Medical Association for The Canadian School Board Journal: October, 1925.)

(Biennial meeting C.N.A., Ottawa, August 23-27, 1926.)

Book Reviews

Fundamentals of Chemistry: A Text-Book for Nurses and Other Students of Applied Chemistry. By L. Jean Bogert, Ph.D., Research Chemist, Obstetrical Department, Henry Ford Hospital, Detroit; 12 mo. of 324 pages, illustrated. London and Philadelphia: W. B. Saunders Company, 1924; cloth, $2.75. McAinsh & Co., Limited, 4 to 12 College Street, Toronto, Ont., Canadian distributors.

The book is attractive in form and the subject matter is presented in a very readable manner. It contains no padding, all of the material is essential, and while every text must, of necessity, contain much that is old, care has been taken to introduce as well the accepted present-day theories.

For a first edition the book is remarkably free from typographical errors, the only one observed being a misplaced line of type, the sixth line on page 48. On page 220 it should be noted that gum acacia and gum arabic are different names for the same substance. Some portions of the book might contain more detailed explanations to the advantage of the elementary student.

The chapters dealing with the chemistry and physiology of the digestion and metabolism of food are particularly good.

The book will make a very suitable text for nursing schools offering a sixty-hour course, and will also be valuable as a work of reference in many more advanced courses.

Applied Chemistry for Nurses: by Rosenholtz. McAinsh & Co., Limited, Toronto.

This book is not too difficult for beginners in chemistry and is excellent for a short course of about 12 lessons, which it covers satisfactorily. The experiments are quite practical. It would be improved by more work on naming and formulae of common substances and the simpler chemical equations in a special chapter following acids, bases and salts. The book is up-to-date and readable by those not specializing in chemistry.

An Intermediate Text-Book of Physiological Chemistry, with Experiments: by C. J. V. Pettibone, Ph.D., Associate Professor of Physiological Chemistry, Medical School, University of Minnesota, Minn. New third edition, 404 pages; price $3.25. The C. V. Mosby Company, St. Louis; McAinsh & Co., Limited, Toronto.

This book covers its subject exceedingly well. The most important phases of biochemistry are presented briefly and concisely. Chemical reactions are explained very clearly, and the directions for the laboratory work trace all procedures in simple terms easy to follow. This book will be helpful to physicians, dietitians, teachers, technicians and others interested in the field of medicine and it is an excellent text-book for the university student.

The Diabetic Life: Its Control by Diet and Insulin. By R. D. Lawrence. The Macmillan Company of Canada, Toronto.

This book contains much material that is valuable to the practitioner or to anyone who is particularly interested in the treatment of diabetes. The greater part of the book is too technical for the average patient. The theoretical basis of treatment is very clearly and concisely stated, while the practical details of routine treatment are given in full. The food tables are conveniently arranged by giving weights of food materials that furnish five grams of carbohydrate, protein and fat respectively. The method of diet calculation does not correspond with those most generally used on this continent.

"THE VOYAGER"

By Ruth Comfort Mitchell Young

A tired old Doctor died today,
And a baby boy was born:
A little new soul that was pink and frail,
And a soul that was grey and worn.
And half way here, and half way there,
They met and passed, and paused to speak,
In the flushed and early dawn.

The man looked down at the soft small thing,
With wise and weary eyes;
And the little chap stared back at him,
In startled, scared surmise!
And then he shook his downy head,
"I think I won't be born," he said,
"You are so grey and sad." He shrank
From the pathway down the skies.

But the tired old doctor roused once more
At the battle cry of birth;
And there was memory in his look
Of grief and toil and mirth.
"Go on; it's good, and boy, it's hard;
Go on; it's ours, my lad."
He stood and urged him out of sight,
Down to the waiting earth.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
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Make Your Income Serve You

By EDITH CHARLTON SALISBURY

First Article

When you have come to the end of three financially lean years in a school for nurses and find yourself a full-fledged nurse, privileged to write R.N. after your name, and have temporarily placed in your pocketbook the cheque for your first case, you are entitled to feel, for a few days at least, that you are in the near-millionaire class. Perhaps the cheque is for $168, for it was a four-week case. Oh, Girl! What a delirious time you will have spending those dollars for things you were forced to do without when your hospital allowance was $10 a month!

But perhaps you have been writing R.N. after your name for some time, possibly for several years, and have grown accustomed to fairly frequently pocketing cheques of three figures, and yet for some reason or other your bank account fluctuates sadly and there is always something really important you want to buy and can't afford. You have learned, too, that your income is not as magnificent as you thought it would be until you discovered that you cannot be on duty every day in the year. There must be occasional rest periods, days when you must attend to personal affairs, and also the next case is not always calling you the moment you have said good-bye to the last. There are forced periods of waiting. Still your record book or your cheque book shows that considerable hard-earned cash has been yours during the year. Why has it not accomplished more for you? Why did it vanish as rapidly as the morning dew and like it leave so little trace? The honest explanation is that handling an income, be it large or small, is like building a house or making a dress, the results are more satisfactory and more what you anticipated if you have worked according to a specific plan. You wouldn't attempt to build a house until you had approved an accurate plan with complete specifications, or you wouldn't cut into the material for a new dress without having first selected your pattern, tested pattern with material and fitted both to your figure; that is, you wouldn't if you are careful and particular about results. For the same reason one cannot expect the best results from an income if it is handled without a plan.

A Plan for Spending

A plan for spending money, either by the individual, family, institution or nation, in present-day terminology, is called a budget. Simply stated, a budget is a plan made in advance for using one's income. There are a number of suggested budgets available, probably all of them having proved more or less satisfactory to the persons who planned them, because they have tried them and made them fit their particular needs. But they might not fit *your* needs, more than likely they would not. A ready-made budget is like the ready-made garment, it is often only satisfactory after alteration. A budget made by some one

else can only be acceptable to another after it has been made to fit his particular needs.

A budget which fits your particular needs is an intimate, friendly, personal thing. It must be flexible, it must fit your special requirements. Twenty people may have exactly the same size income, yet the same budget will not fit any two of them. The mode of life, the type of mind, the age, the needs and the aspirations will make the budget of each of the twenty persons an individual affair—if it is to be of any real use to each one. I can imagine that the needs of the graduate nurse differ greatly from those of the woman who spends her days in a business office, vastly different from the woman whose work requires constant travelling, or the teacher, or the woman in the home. Because there are these differences, because there cannot be a standard budget, I want to give you a few suggestions that you may take as the several pieces of a dress pattern—enlarge here, shorten there, lengthen some other place—and from these suggestions make a budget that will fit your own requirements and be in line with your income.

A Cure for Restlessness

But perhaps you say, "Why a budget? It won't guarantee that my income will be sufficient to supply all my wants." No, a budget won't do that, but it may help to determine what you need most and it may, and undoubtedly will, give you a certain peace of mind because you will know you have done your best with the materials at your command. A satisfactory budget, doing active and regular service for its owners, is an indication of an orderly life that in itself is stabilizing to the individual and to the community.

Have you considered the cause of the restless condition in which the world finds itself at present? It means for one thing that every one, rich, poor and middle class, is groping for the thing that will bring happiness. Granted that there are as many kinds of happiness as there are people and that at best happiness is only relative and depends more on the state of mind than on actual conditions, we must admit that average people, such as you and I, are happiest when their lives are well ordered. That individual is more likely to be contented who has adopted some definite plan of life and who knows that he is deriving the maximum benefits from the particular worldly goods he possesses. The plan of life indicates that he has budgeted his resources not only of money but of time and effort.

Are You Successful

And now to the budget. You must bear in mind it is first a statement of income and later an analysis of expenditures as well as an honest expression of one's aspirations. A budget must allow for more than the immediate and material things of life. Everyone has aspirations for the future. What are yours? If you are self-supporting, your budget must take your ambitions and your dreams into account else you will not be satisfied. Perhaps you have an ambition to accumulate a reserve that will provide financial independence and comfort in old age, perhaps you want additional educational opportunities, possibly you want to travel. Whatever it is that you want for the future, your budget should plan very definitely and clearly for it. Then there are the every-day, material things of life, as food, clothing, shelter and the daily cost of just living. These must be provided for, each item being given a definite place in the budget. Then there is one other important division which should be decided upon and set aside first of all, that is the amount that is to be put into a permanent saving fund; it represents the substance that is to make those dreams

of the future come true. What that amount should be is for you personally to decide. It will depend somewhat upon what your aspirations are and it will also depend considerably on how you can adjust the other items of living. It is generally stated that the minimum amount for permanent saving ought not to be less than from 10 to 15 per cent. of the total income. J. J. Hill, the railroad magnate, who began life a poor boy and finished it as a millionaire because he very early in his career learned the lesson of saving, had this to say:

If you want to know if you are destined to be a financial success or not you can easily find out. The test is simple and infallible. Are you able to save money? If not, you will lose, you may not think so, but you will lose as sure as fate, for the seed of success, which is saving, is not in you.

So save we must. Shall we say 15 per cent. of the year's total income is not too much for the illustrations to be used in this article?

The average yearly income of the private duty nurse cannot greatly exceed $2,000. At $6 a day, which I am informed is an average fee throughout the country, she cannot make more than $2,190, if she worked every day in the year, which she cannot do for various reasons. The special cases of which she may have a limited number each year and for which she may be paid $7 or $8 a day will offset some of the idle time, so that she may be reasonably sure of $2,000 a year in cash. Interest on investments or any other funds outside professional fees should be included in the total income.

A simple outline which has frequently served as a basis on which to estimate one's expenditures and which may contain some helpful suggestions for you is the following:

1. Estimate the total income from all sources, such as salary or fees, interest on investments, money equivalents, gifts, bonuses, etc.

2. From this amount deduct the sum that must be paid in income taxes.

3. Subtract the amount you intend to save. The balance will be the working income, that is the amount that can be used for living expenses.

4. Divide the working income into five equal parts, namely, food, clothing, shelter, personal expenses and advancement—or call it self-development, if you prefer.

5. Estimate your ordinary expenditures for the year. If you have kept accounts in the past this will not be difficult and will be invaluable in adjusting the estimates allowed in each division.

6. Enter the estimates in an account book. Keep the items of each estimate on separate pages.

7. Add the totals of all estimates. The result may show that the total of all expenditures is more than the working income, but adjustments may be made after accounts have been kept for a few months.

8. If the estimates exceed the working income, study each item to find where some expenditures may be reduced. This, of course, can only be satisfactorily done if accounts were kept last year.

9. Divide the amount allowed for each division by twelve and enter the results in a monthly account book under the heading, "Budget Estimates for Each Month."

Although the private duty nurse cannot be sure of the same income each month she will find it possible, after she has been nursing a year or two, to determine a monthly average and when she can do this she will find it a comparatively simple matter to follow a budget plan in handling her income.

(The American Journal of Nursing, November, 1925. Article II. will appear in the March number.)

An Appreciation.—One of the aims of our national nursing journal is to publish articles that will be of assistance to our readers engaged in special branches of nursing. Recently, when sending in her renewal for 1926, a subscriber enclosed the following note: "I am enjoying the magazine more than ever. The November number came along just when I was talking 'Posture' to my Normal students, and those illustrations fitted in very well."

Recently another subscriber wrote in reference to The Canadian Nurse: "Even our house doctor reads it, and the other day found out something he didn't know before."

Post Graduate Courses

The following is a report of the Committee on Post-Graduate Courses, Registered Nurses' Association of Ontario:

At the last annual meeting of the Registered Nurses' Association of Ontario, a request was made by the Private Duty Section for information regarding post-graduate or refresher courses within the province. It has been felt for some time that many graduates go out of the province, and sometimes out of the country, for post-graduate courses, who would gladly avail themselves of opportunities nearer home if such existed, or if they knew of hospitals offering the particular experience they desire or require.

As a result a questionnaire has been sent out in Ontario, and for the benefit of those desiring the information the following hospitals are prepared to offer courses as outlined.

Name of Hospital	Length of Course	Department	Allowance
Hamilton General Hospital. Hamilton.	Four months. (May to October)	Children, 2 mos. Obstetrics, 2 mos.	$10 monthly, with board, lodging and laundry.
Ontario Hospital, Whitby.	Two months.	Mental Diseases, Hydrotherapy and Vocational Therapy.	$25 monthly, and full maintenance.
Queen Alexandra Sanatorium, London.	Time arranged to suit applicant's needs.	Tuberculosis, Infirmary, Ambulant, Children, O.R., Lamp Therapy, Laboratory and X-Ray.	$30 monthly, and full maintenance.
St. Joseph's Hospital London.	Three months.	Surgery.	No allowance, but full maintenance.
Grace Hospital, Toronto.	Six months.	Medical, 2 mos. Surgical, 2 mos. Obstetrics, 2 mos.	No allowance.
Western Hospital, Toronto.	Six months.	Medical, 2 mos. Surgical and O.P.D., 2 mos. Obstetrics, 2 mos.	No allowance, but board, lodging and laundry.
Women's College Hospital, Toronto.	Fifteen weeks.	Obstetrics, and 3 weeks each of public wards, case-room and nursery, private wards.	Same allowance as senior student nurses, with laundry and board.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Teaching Materia Medica

By MARGARETS. FRASER, Reg. N.

In teaching Materia Medica, as in teaching any other subject, a certain amount of work must be covered in a definite number of classes, therefore it is necessary before beginning the course that the teacher should make an outline of the work, allowing for a certain amount being covered in each class period.

It seems well to explain the aim of the course at the first class, that the pupils may realize the need of studying the subject, and begin at once to connect it with their practical work on the wards. If they early feel the need of gaining some particular bit of knowledge, the theoretical work will prove much more interesting to them than it otherwise could.

The material may be presented either by ordinary lecture, trusting to the pupils to take their own notes, or by didactic method largely, the latter supplemented by discussion and by work in the laboratory. The latter method, while having the disadvantage of giving the material in a more or less predigested form, has this advantage—that the students get their material in a well-organized form and have more useful notes from which to study. If this method is used it is helpful to put the main headings and possibly the sub-headings on the board, as well as simple illustrations. The teacher should frequently and carefully read the pupils' notes, making any necessary corrections.

The arrangement of the material will have to be decided upon by the teacher when she is making her outline of the course. It is advisable to discuss those drugs acting upon one system together. One may begin with those acting upon the nervous system, or possibly with those acting locally on the skin and mucous membranes.

Various methods of reviewing may be used. The first five or ten minutes of each class period are well spent in a review of the previous lesson. This may take the form of an oral quiz or may be given by a pupil in the form of a "report" covering fully the work gone over in the previous class. A short written quiz once or twice during the course is a good means of reviewing.

Beginning with the course in Drugs and Solutions, the first and possibly the greatest difficulty the teacher encounters is the inadequate knowledge of arithmetic which some of the students have. Some of them seem quite unable to understand the simple arithmetic necessary to calculate amounts of drugs necessary to make solutions of given strengths, or to calculate fractional doses or children's doses. They evade these questions on examination papers and may get through their training without ever mastering the difficulty. The teacher can only try to overcome this difficulty by spending a certain amount of time in drill, having the pupils work out problems on the board, and by assigning problems to be worked and handed in for correction. It may also be necessary for her to give extra time to individual pupils, in order that the whole class may not be held back. Another difficulty is that of explaining the active principles of drugs and their methods of action.

Definite assignments should be made at each class. These may be tables of weights and measures to memorize; problems to work; outlines of individual drugs or classes of drugs to be

made, and definite readings to be done. The pupils may also be told to look up drugs in use on the wards, noting the kinds of cases receiving them, and the dosage, then reporting on these at class. This adds interest and stimulates discussion.

Making an outline study of an important drug under such headings as the following: source, history, action, therapeutic uses, preparations and dosage, symptoms of poisoning and treatment benefits the pupil in several ways; (1) it serves as a review, (2) it adds interest, (3) it is a brief and useful form of having the notes. A "project" may be made of the study of a drug or group of drugs by having the pupils report any interesting findings in regard to a drug; by having them report any especially interesting case receiving unusual or new medicinal treatment, or by collecting and grouping in a systematic way any group of drugs; for example, those derived from coal-tar, as shown in the demonstration.

Materia Medica can be correlated with many other subjects; for example, disinfectants and antiseptics will be discussed in connection with Bacteriology as well as with Materia Medica, as will also serums and vaccines. Studying drugs acting upon each system of the body, in groups, brings out the connection between this subject and Anatomy and Physiology. Lecturers in Medical Nursing, Surgical Nursing, Obstetrical Nursing, and Pediatrics, all discuss medicinal treatment, and finally, the teacher of charting emphasizes the charting of medicines and of results of their administration. Each new point of view should help to make the student remember the uses of the various drugs.

There are a number of excellent text books on Materia Medica written especially for nurses: by Dock, Pope, Parker, Blumgarten, Paul, and, for reference, particularly for the teacher, Bastedo. A little book on Drugs and Solutions by Goostray is of great value to the teacher. Several of these authors give practical help in the working out of solutions and dosage, Miss Parker giving quite a number of problems which are useful for drill and other assignments.

Two or three types of examination may be used. For review one may use the oral quiz, trying to ask questions which will cause the pupils to think, and to connect their theoretical work with their practical work, and with other subjects. The questions should be distributed so that a few pupils may not answer all. A type of examination which is being tried at the present time is called a "false and true" test, also the "completion" test. In the former, a statement is made (written on the board or typed copies given to the pupils) and they state whether they believe it to be true or false. In the latter, a statement is made, leaving out one or two important words which must be filled in by the pupil. These are useful tests for reviewing, as they only take a few minutes' time, but as there is considerable chance for guessing, they are not very suitable for a final test in Materia Medica. This must of necessity be a written examination. In making out an examination paper the teacher must put a certain value on each question. If these marks are put on the examination paper they give the students an idea of the relative value of the questions and should guide them as to the amount of time they should spend in answering each. It is also more satisfactory to them in looking over their papers afterwards.

Illustrative material in the form of the crude drugs, as well as the drugs in preparations used on the wards, is both helpful and interesting to the pupils. Interesting lantern slides may be collected, these showing the sources of crude drugs, their transportation and places of historical importance in connection with Materia Medica.

(Margaret S. Fraser, Reg.N., Instructor, Vancouver General Hospital.)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

(In September, 1925, it was suggested that arrangements be made for the publication of a series of Outlines for Little Mothers' League Classes. A representative in each province was asked to contribute an outline. At present replies have not been received from the provinces of Alberta, British Columbia and Nova Scotia, while Saskatchewan and New Brunswick replied that work of this nature had not been conducted by them. The Outlines received from the remaining provinces will appear in this and the next issue of The Canadian Nurse, by which time reports may have been received from Alberta, British Columbia and Nova Scotia.—Convener's Note.)

Junior Health League Classes in Toronto Schools

By E. SCHOLEY, Reg.N.

Teaching Junior Health League Classes to the girls in our public and separate schools is recognized as belonging partly in the school nursing and partly in the infant hygiene fields of our generalized programme of work. The supervisors of both these departments are interested and plan the material to cover the general rules of health as well as the elementary principles of infant care.

The classes were instituted when school nursing service was under the administration of the Department of Education, and were first called "Little Mothers' Classes." They continued after the transfer of the service to the Department of Public Health in 1917, and each year there has been an increasing sense of the importance of this piece of educational work.

There has been a steady gain in the number of classes taught, particularly recently. The enrolment in the schools has increased from 2,515 in 1923 to 3,289 in 1925, an increase made possible by exceptional assistance and co-operation by the Department of Education and its teachers; but even yet the lessons are available for only a selected number of girls in the senior grades. Each girl attends only nine short lessons, which is the sum total of all that many of them are taught to prepare them for what will be to most of them the greatest responsibility of their life work!

The classes are taught during the fall term. The school principal organizes the classes, in groups of from twenty to twenty-five or even more, in the Junior IV. grade. Each nurse serves one or two schools, more in exceptional cases, and teaches from one to three classes, according to the number that she can fit into her week's programme, taking into consideration the other phases of her service to the community.

The lessons are taught weekly, within the school curriculum when it can be arranged, and when this is not possible, at the end of the day. The lesson period is one-half hour or a little longer if the principal can grant the extra time. There are eight lessons, a review, an examination, and a closing.

The material in the eight lessons is arranged by the Supervisor of School Nursing with assistance from the Supervisor of Infant Hygiene and final approval of the Medical Officer of Health.

The titles of the lessons are:

I. Growth and Development of the Baby.

II. Sleep and Fresh Air. (The articles needed and making the bed are demonstrated.)

III. Water for Drinking. (Preparing a drink of water and care of the baby's bottle are demonstrated.)

IV. Water for Bathing. (The bath is demonstrated.)

V. Clothing. (Articles of clothing are discussed and a baby is dressed and undressed.)

VI. Feeding the Baby, First Nine Months.

VII. Feeding the Baby, After Nine Months.

VIII. Health. (Signs of a Healthy Baby. Signs of a Sick Baby.)

IX. Review.

Equipment for demonstrations is provided by the Department of Health for each school.

Because the lesson period is so short, printed notes of the lessons are also provided for each pupil to supplement the blackboard teaching and for further study.

At the end of the course an examination arranged by the Supervisor of School Nursing and a committee of nurses is written simultaneously in all the city schools. The papers are later examined by a committee of the nurses, and a diploma is presented to each pupil attaining the required standard.

The method of presentation of diplomas varies, as planned by the principal, the teacher concerned and the nurse. Sometimes a special closing is held by the class or combined classes, to which the parents are invited and demonstrations and explanations of the work are given by the pupils, teacher, principal or nurse. In some schools the diplomas are presented by a school or Department of Health official at the general school closing at Christmas.

Until 1920, when the Department of Nursing at the University of Toronto was established, the nurses were dependent upon their hospital training, their individual background of education, and occasional short courses or single lectures on the lessons or their presentation, for preparation for this teaching. Since 1920 practically all appointees to the Division of Nursing have been graduates of the Department of Nursing, which includes in its calendar lectures on Methods of Health Teaching, Infant Hygiene, School Hygiene, etc.; critic lessons in the schools on health teaching, and field work in the schools with nurses of the Department of Health.

In 1920 it was also arranged for all nurses appointed before the institution of the University Department to attend at least the lectures on Principles of Health Teaching during one year.

For refresher help different methods are used from year to year. These have ranged from the actual demonstration of teaching lessons to a class of school children by the Director of the Department of Nursing of the University for a selected group of nurses, who in turn demonstrated to the district groups, to the weekly informal discussion of the eight lessons in the district offices, led by the nurses themselves.

For help in material the nurse uses as her text book the Department of Health booklet on "The Care of the Infant and Young Child," with supplementary reading recommended by the Supervisor of School Nursing and the Supervisor of Infant Hygiene.

The active co-operation of the school staffs, which has been such a strong factor in the development of the work, has been given in various ways in different schools. Sometimes

the teachers have assisted by acting as critics of methods of teaching for the nurses, or have demonstrated by teaching a lesson themselves.

To enable the nurses to accept added classes some teachers have taken the review lessons. In some schools where the nurse has been unable to undertake the number of classes requested the teachers have taken the lessons themselves, with the nurses presenting the demonstrations. In nearly all schools an effort is made to correlate as far as possible this instruction with the more strictly academic subjects. In some schools layettes are made in sewing classes.

Of the lasting results of the lessons it is difficult to judge. Every effort is made to have the girls develop for themselves what it has been possible to give them. They are encouraged to take their notes home for discussion with their mothers and are urged to put into practice what they have learned. They come back gleefully to report that they were allowed to bathe the baby, or dress the baby, and helping mother or the neighbours with baby seems often to take on a new meaning.

Little Mothers' League Classes in Mothercraft

By MARION E. NASH, Reg.N.

In 1922, the Victorian Order of Nurses of Greater Montreal formed their first "Little Mothers' League" for instruction in mothercraft to girls from twelve to fourteen years of age.

These classes met with such favour that others were started the following year, and we are at present conducting meetings in seven districts, with an average attendance of twelve.

Fifteen or sixteen classes comprise one course of lectures. Each class is conducted as a meeting; the children elect their own officers, and learn something of the rudiments ofparliamentary procedure, with the instructor acting as a guide and director. Our aim is to help these young girls realize something of the duties of citizenship, and to assist them apply this knowledge in a practical way.

The meetings are always opened by the recitation in concert of the following pledge:—

"I desire to become a member of the Little Mothers' League, and I promise to do all in my power to help reduce infant mortality in Montreal, and to make others well and happy."

We touch briefly, and in simple language, on home sanitation and personal hygiene, placing particular emphasis on dental hygiene and good food habits. We stress the damage done by contagious diseases quite aside from the high mortality rate, and the simple methods by which they can be prevented and controlled, giving special attention to the "common cold."

Bed-making is taught, displaying an infant's basket, and telling the children something of the different types and cost; how to care for some of the emergencies that arise in the home, by knowing how to make a linseed poultice, and a mustard plaster, and to prepare and give a mustard bath. In our talks about the baby we discuss the merits of breast feeding and demonstrate how to pasteurize milk, using only such utensils as may be found in the home of even very moderate means.

By the use of a Chase Doll we teach every child how to properly bathe and dress a young baby. We also touch on some of the minor illnesses of infancy, and how they may be prevented.

Our endeavour is to impress upon the children the importance o birth registration, and to imbue them with

a horror of our high infant death rate. We want to interest these enthusiastic young people, on the verge of womanhood, to the end that they may do all in their power to preserve for our country our own Canadian babies.

We demonstrate as much as possible, using pictures and posters. The children are encouraged to read the daily papers to discover health items and pictures, and to bring them to the instructress who discusses them with the class.

Finally each child writes an examination and an essay, and I would like our readers to see some of these essays. Written by children from twelve to fourteen years of age, they are really remarkable in the clear understanding which they display of the subjects taught.

Graduation takes the form of a practical demonstration and oral quiz, and we have good reason to feel proud of both teacher and pupils. These exercises are always well attended by the mothers of the neighbourhood, refreshments are served and we close the evening by getting better acquainted with our grown-up friends.

Our District Committees are keenly interested and show their interest by contributing the necessary outfit and prizes, and by not only seeing that we have refreshments, but by being present at graduation and helping us serve our large family.

The Board of Health is very anxious to have as many of these classes distributed throughout the city as possible, and to prove the high value they place on the teaching of our prospective mothers, issue a diploma signed by the Medical Director, Department of Health, and very attractive pins bearing the insignia of the "Little Mothers' League."

Above all things we try to make the classes practical, and to have the children practise what they are learning in so far as home conditions permit.

We have found the little book "Children Well and Happy," by Miss May Bliss, R.N., to be most helpful.

(M. E. Nash, Reg.N., Supervisor, Victorian Order of Nurses, Montreal, P.Q.)

It is Macbeth who gives us that beautiful characterization of sleep:

"Sleep, that knits up the ravelled sleave
of care,
The death of each day's life, sore labor's
bath,
Balm of hurt minds, great nature's
second course,
Chief nourisher in life's feast."

Today every school girl and boy is taught the necessity of using a handkerchief, is taught not only from the standpoint of good form but as a preventive health measure. Handkerchiefs were not common until the latter part of the sixteenth century. The handkerchief of Desdemona, which caused so much jealous pain to the heart of Othello, was purely for ornamental purposes and not for hygienic measures, although the loss of it proved very unhealthful for Desdemona.

A Book of Demeanor written in 1619 contains this bit of advice to school boys:

"Nor imitate with Socrates
To wipe thy snivelled nose
Upon thy cap as he would do
Nor yet upon thy clothes.
But keep it clean with hankerchief
Provided for the same;
Not with thy fingers nor thy sleeve
Therein thou art to blame."
—T. Dansdill.

In "Henry the VIII." we find:

"'Tis better to be lowly born
And range with humble lives content
Than to have a glistening grief
And wear a golden sorrow."
—T. Dansdill.

"A merry heart goes all the way;
A sad tires in a mile."
—"Winter's Tale."

"True hope is swift and flies with swallow's wings,
Kings it makes gods and meaner creatures kings."
—"Richard III."

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

The Study of Nursing in a Psychopathic Clinic

By CORA M. ARGUE, Class 1926, Winnipeg General Hospital

The Nursing School at the Winnipeg General Hospital is fortunate in having on grounds adjacent to it, a Psychopathic Clinic. There a large number of nurses receive three months' training in applied Psychiatry, including general care of patient, hydro-therapy, occupational therapy and social service work.

Entering the Psychopathic Wards for the first time a nurse must admit having an attitude both pessimistic and pathetic; for, unlike physical disorders where the patient as a rule co-operates with the treatment given, a mental condition is characterized by a struggle against everything that would make for a normal life. Thus, an unceasing demand is made, by the patient, for guidance and care. However, the feeling of depression is soon dispelled as the head nurse with her strong personality and well developed patience is observed coping with the difficulties constantly arising. She gives cheer, strength and assurance to the patient, so that he may be able to make the necessary adjustment to give a mental balance. Then, too, one sees the reward in those who have recovered and realizes that the task, though a great one, has far-reaching results.

In dealing with mental as with physical cases, no two cases are found to be exactly alike, but a general grouping of the more important types may be made. There is the Dementia Praecox characterized by delusions and hallucinations, especially auditory. Instead of a constant flow of thoughts as we have when our minds are at rest, their thoughts have a pernicious circle. Another group is under General Paresis of the Insane. This disease makes gradual advance on mentality, and patients are confined because of their peculiar conduct, which is governed by grandiose delusions. A third group have delusions which are so much like what might have happened, that it is difficult to disbelieve them. This is the paranoid, and the life of such is governed by a desire to persecute a few people, probably one only, whom he regards as his enemy.

A very interesting but pathetic group is diagnosed as Manic. A case of this kind, unable to face some crisis, has retreated from realities and lives in a world of make-believe, where he is constantly having flights of ideas and is over-active, physically and mentally. Frequently the manic has defective heredity as a background.

Rest and activity, both physical and mental, must be regulated for psychopathic patients. For the former such treatments as prolonged baths, showers and cold packs are given; for the latter there is a well-equipped work room, and instructress of occupational therapy, also recreation rooms with games, music, etc.

With this treatment many patients recover and are discharged from the hospital, but they may still be unable to take care of themselves. Here is one phase of the work of the social worker, the worker visits the home and continues necessary guidance. The permanence of the cure will frequently largely depend on this supervision. Through this personal contact the nurse is enabled to interpret the past, to understand the present and to protect the future.

The Social Service also deals with the prevention of diseases; this is just as large a field as prophylactic treatment of physical diseases. The worker attempts to help those who show symptoms of the disease to

(Continued on page 100)

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Unveiling the Memorial

It will be of great interest to the returned nurses in Canada to know that the ritual to be observed at the unveiling of the memorial in Ottawa, to the Nursing Sisters who lost their lives in the Great War, is under consideration by the National Memorial Committee of the Canadian Nurses' Association. The ceremony will take place at the General Meeting of the Canadian Nurses' Association to be held in Ottawa, August 23-27, 1926.

It is hoped that as many as possible of the returned nurses will be present on this memorable occasion. Where it is impossible for groups to attend, it is suggested that Overseas clubs and organizations of returned nurses might contribute and make possible the attendance of a representative from their group, that they may have first-hand information regarding the ceremony. Hotel accomodation should be arranged at an early date; for particulars apply to the Convener, Committee on Arrangements, Miss Isabel McElroy, Night Superintendent, Ottawa General Hospital, Ottawa.

The provincial representatives on the Publication Committee of this section of The Canadian Nurse will no doubt be able to assist in arrangements for the provinces. It may be of interest to our readers to review a few of the preliminaries which occasioned the erection of this memorial.

Following the signing of the armistice the nurses in Canada decided that they wished to commemorate in a suitable manner the memory of the nurses who lost their lives in the Great War. A monument was decided upon, to which all nurses might contribute. A committee was appointed to arrange details and after several designs had been submitted it was decided in December, 1924, to accept the one prepared by Mr. G. W. Hill, a photograph of which accompanies this article. The description which accompanied this design is most enlightening and explains many points of interest which might be overlooked by the casual observer. Mr. Hill's description reads as follows:—

"The subject of the sculptured panel embraces the history of the nurses from the earliest days of this country to the present time.

"The group on the left-hand side of the design represents the courage and self-sacrifice of the nurses who offered their services and lives in the great cause of freedom. Two sisters

dressed in the service uniform are nursing a wounded soldier.

"In the background is 'History' holding the Book of Records from 1639 to 1918, who, lifting the veil, reveals down through the ages as it were the great deeds of heroism and martyrdom of the early nursing sisters.

"The group on the right of the panel represents these noble sisters who at the call of 'Humanity' left their native country, France, and came to a land of savages to help the sick and needy. A sister within the palisades, is nursing a sick Indian child. Beside her are standing the dreaded and treacherous Iroquois, who, suspicious and ignorant, were ever ready to return evil for good.

"In the centre, dividing the two groups and presiding over them, stands the draped figure 'Humanity' with outstretched arms. She holds in one hand her sceptre—the Caduceus, the emblem of healing—and with the other indicates the heroic courage and self-sacrificing loyalty of the nurses down through the ages."

News Notes

THE CANADIAN NURSES ASSOCIATION

At present no very definite plans for the programme of our general meeting have been received at the office of our magazine. The Programme Committee appointed by the Executive Committee consists of the President of the C.N.A., the Chairmen of the three National Sections, and the Convener of the Committee on Arrangements. A detailed programme will be published in a later issue. The week selected for our meeting, that of August 23-27, is also that of the Ottawa Exhibition, at which time thousands of people visit the Capital. It is very necessary, therefore, that our nurses make their reservations at an early date, as hotel accomodation is limited. Reservations may be made through the Convener of Committee on Arrangements: Miss Isabel McElroy, General Hospital, Ottawa.

Those of our readers who did not see the May, 1925, issue, in which appeared a picture of the Memorial, will appreciate a reprint of the photograph in the C.A.M. N.S. department of this number, together with a short, explanatory article embodying the sculptor's description of his design.

ALBERTA

Calgary Association of Graduate Nurses

During the holiday season many of the nurses enjoyed the Christmas festivities at home or with relatives. Among these were: Miss E. M. Kadey, at her home in Okotoks, Alta.; Miss A. Jarrett, with her aunt in Red Deer; Miss S. M. Nash, with her parents, at De Winton; Miss Tarrant, with her parents in Drumheller; Miss P. Bishop, with friends in Edmonton; Miss I. M. Huxley, at her home in Red Deer; Miss Anna Kelly, in Winnipeg; Miss P. Sherwood and Miss Fleanor with Miss Sherwood's brother, W. Sherwood, Barons; Miss F. A. Loree, accompanied by Miss E. B. Lord, motored to Youngstown, to spend the Christmas holidays with Miss Loree's brother; Miss Nordstromn, of Minneapolis, at her home in Calgary; Miss D. E. Williams in Kamloops.

Miss Cartier left recently for San Francisco, California.

The many friends of Miss M. Mossop will be pleased to learn that she is slowly improving after her recent operation, although still confined to the General Hospital, Calgary.

Miss A. Kelly has accepted the position of Matron in the Wayne Hospital, at Wayne, Alta.

BRITISH COLUMBIA

Vancouver General Hospital

The regular meeting of the Alumnae Association was held on Tuesday evening, January 5th, whom she election of officers for the coming year took place.

Miss Jane Howe, 1915, after several months' absence in England, has resumed her duties at Cle Elum Hospital, Cle Elum, Washington.

Miss Grace Watson, 1919, has returned to the city after an extended visit at Carcross, Yukon.

Mrs. Gordon Malcolm (Mary Peters, 1922), has left the city to make her home in Windsor, Ont.

Miss Edna McVicar, 1909, Superintendent of Nurses at the Nicola Valley Hospital, spent Christmas in this city.

Miss Marjorie Rae (1919) passed through the city on her way home from Portland for Christmas.

Mrs Hyde (Cassie Hunter, 1917) has been appointed assistant to the School Nurse at Point Grey.

MANITOBA

WINNIPEG

Although we as nurses rejoice with Mrs. H. C. Champ (Miss Mary E. Martin, Superintendent of Nurses, Winnipeg General Hospital), in her new role, and wish her every happiness, it is with a sense of real loss to the nursing profession that we accept her departure. She will be missed in many circles, for her work and influence were not confined to one place or group. She was a constant inspiration to all with whom she came in contact; her enthusiasm, clearness of aim and steadfastness of purpose inspired one to bigger things and encouraged all associated with her in any task to keep going forward. She always had in mind the improvement of nursing standards and worked constantly for the improvement of nursing conditions; for shorter hours and greater educational advantages, both for the student nurse and the graduate; at the same time keeping the highest ideal of service to humanity ever before us. We shall miss her constantly, but we feel that her interest will not only continue to be with us but will embrace the nurses of the Eastern Provinces. Our best wishes follow her.

NOVA SCOTIA

On November 19th, 1925, the graduating exercises of the Victoria General Hospital, Halifax, were held at the School for the Blind. The following nurses received diplomas:—Laura Evelyn Page, Amherst; Nellie Irene Colwell, Halifax; Lillian Jean MacLean, Mahone; Josephine Younge, Glace Bay; Barbara Ann MacRae, Grand Anse; Laura Odessa Hoare, Truro; Rose Lillian King, River Philip Centre; Viola Blanche Atwater, Linwood, Antigonish Co.; Vera May Wilson, Port Greville; Vera Jane Kennedy, Truro; Ethel MacKay Chisholm, Moose River, Pictou Co.; Eliza Laura Morash, Woodside; Martha Isabelle Chase Higgs, Charlottetown; Amy Sophia Holden, Shelburne; Ethel Elinore Harris, Shelburne; Irene Ryan Costello, Sydney; Emmeline Fiona Wilson, Halifax; Henrietta MacDonald, New Glasgow; Ino Emma Simpson, Antigonish; Frances Elva Bollong, Popes Harbour; Hilda Elizabeth Purdy, Wallace Bridge; Josephine Estelle Power, Arichat; Mabelle McCharles, Sydney; Marion Gertrude Smeltzer, Mahone Bay; Murray George Clarke, Reserve Mines; Thomas James Mitchell, Halifax; Murdock Duncan McIvor, Orangedale; Stanley Gordon Caine, Halifax.

The diplomas were presented by Hon. Gordon S. Harrington, Minister of Works and Mines. Miss Barbara Annie MacRae was the winner of the St. Mary's Medal; and Miss Vera Jane Kennedy, the Alumnae Medal. This prize is given yearly to the nurse ranking highest in general efficiency. The latter presentations were made by Rt. Rev. Monsignor Foley, and Miss Florence A. Fraser, Reg.N., President of the Alumnae Association, on behalf of the Alumnae. Following the exercises a dinner was held at the Queen Hotel. Short addresses were made by Miss Gladys Strum, Reg.N., Superintendent, and by Miss Agnes D. Carson, Reg.N., Assistant Superintendent, Victoria General Hospital.

The Victorian Order of Nurses, Dartmouth, N.S., held a Book Social in December, to which each guest was expected to bring a book, the object being to form a nucleus of a lending Library. The social was held at the V.O.N. headquarters, Water St. Some thirty books were donated and $11.00 was collected. This money will be applied to the purchase of new books for the library. The library will be open to the public one or two afternoons a week. The proceeds from the undertaking will go into the general funds of the Order.

Miss Mary McLean, graduate, Rhode Island Hospital, Rhode Island, U.S.A., of the Victorian Order staff, Halifax, N.S., has been transferred to Yarmouth.

Miss Winifred Folkins, Reg.N., Newton Lower Falls Hospital, 1925 (Mass.), has accepted a position as staff nurse with the Victorian Order of Nurses, Halifax.

Miss Lillian Shand, Reg.N., General Public Hospital, St. John, Public Health, Toronto University, 1922, of the staff of the Victorian Order, Halifax, N.S., has been obliged, because of illness, to resign, and has gone to her home in St. John, N.B.

Miss Josephine Redmond, Evangeline Booth Maternity Hospital, 1923 (Boston, Mass.), is spending the winter in Rockingham, N.S., with her parents, Mr. and Mrs. Samuel Redmond.

Friends of Miss Carrie Allsop, Reg.N., of New York, formerly of Halifax, N.S., will be glad to learn that she is recovering from a severe attack of rheumatic fever. Owing to her very serious illness, her marriage to Mr. Emile Tape, of New York, has been postponed.

Miss Leona V. Jackson, Class 1917, Waterbury Hospital, Waterbury, Conn., Public Health Dalhousie University, 1922, formerly with the V.O.N. and M.H.H.C., Halifax, N.S. and Operating Room nurse, Tarrytown General Hospital, Tarrytown, N.Y., has accepted a hospital position at Kennecott, Alaska.

Miss Florence Fraser, Reg.N., graduate V.G.H., Halifax, N.S., who has been visiting her sister, Mrs. Harry MacDonald, Bedford, N.S., has left for Edmonton, Alta.

ONTARIO

PORT WILLIAM AND PORT ARTHUR

The monthly meeting of the Thunder Bay Graduate Nurses' Association was held in the lecture room of the St. Joseph's Hospital, Port Arthur, on Thursday, January 7th, 1926, when a large attendance of members assembled to greet the newly elected President, Mrs. S. Langille, a valued past- president of the Association.

The speaker of the evening was Mr. W. J. Matthews, of Port Arthur, who gave a most interesting and absorbing address on Henry Van Dyke's story of "The First Christmas Tree." Mrs. H. J. Berry rendered some delightful monologues accompanied on the piano by Miss M. Hay. Miss Mooney's wonderful voice was heard to exceptional advantage in two songs that thrilled her audience and were listened to with rapt attention; she was accompanied by Miss Dorothy Mooney.

Refreshments, served by the staff of St. Joseph's Hospital and members of the Association, concluded a most enjoyable meeting.

HAMILTON

St. Joseph's Hospital A.A.

On Monday, January 4th, the annual At Home and dance of the Nurses' Alumnae of St. Joseph's Hospital was, as usual, a very attractive affair, being held in the Alexandra Academy. The guests numbered about two hundred and were received by the president of the Alumnae, Miss Irene Murray, assisted by two officers of the Association—Miss Elizabeth Quinn and Miss Katherine Crane. The patrons and patronesses of the dance were Dr. and Mrs. Unsworth, Dr. and Mrs. Brough, Mr. and Mrs. W. H. Lovering, and Mr. and Mrs. J. L. Lewis.

Miss C. Himmen, 1921, who recently returned home from a visit in England and on the continent for six months, is doing private duty nursing.

Miss Wren, 1924, has returned from Detroit and is doing private duty nursing in Hamilton.

Miss Nicholson, 1924, has resigned her position in Cleveland, O., and is doing private duty nursing in Hamilton.

Miss Kenney, 1923, has returned to Evanston, Ill., after visiting in Cargill and Hamilton.

OTTAWA

Lady Stanley Institute A.A.

Miss Janet Pritchard, formerly of the Ottawa Civic Hospital staff, has taken a position in the Williard Parker Hospital, in New York City.

Miss M. Downing has gone to Albany, N.Y., where she will practise her profession.

Miss Christina Ferguson has joined the staff of the Perley Home for Incurables, Ottawa.

Miss Bethune has taken the position of superintendent of Dr. Caven's private hospital, Ottawa.

The following nurses of class 1923 are doing general duty in Madison Square Hospital, New York City: Isobel McLaren, Lillian Barr, Muriel Smith, Mrs. Brown, Myrtle Bradley, Isobel Caldwell.

Mrs. Boles (1917) has joined the staff of the Ottawa Civic Hospital as assistant in the Maternity Department.

Miss Olive McLean (1924) has accepted the appointment of night supervisor at the Long Island College Hospital, Brooklyn.

TORONTO

Hospital for Sick Children

Christmas, celebrated the day before, was as usual a day of wonder and delight at the Children's Hospital. The nurses of the training school, who had been practising carols under the able direction of Mr. Linden, gathered in the lower corridor and accompanied Santa Claus on his rounds of the wards, singing as they went. Santa Claus arrived in state on a sleigh, drawn by a delightful puss, a lively monkey and a woolly Teddy Bear, all of whom played their parts and added greatly to the joy of the children. A tree was in every ward with presents for all. Many friends of the hospital gathered and went from ward to ward with the procession. Later on in the evening a Christmas party for the nurses was held in the Residence, and on Christmas day the Gyro Club held a delightful party on the ward of the Boys' Surgical.

The Alumnae Association held its regular meeting on the second Thursday of December in the Nurses' Residence. A very large number were present to listen to a most excellent address given by Dr. Roy Simpson on "Newest Methods in Pediatrics." After the lecture there was a delightful musical programme, and refreshments brought the evening to a close. All those present agreed that it was one of the best meetings that had been held. The method adopted by the programme committee of printing the entire programme for the year, instead of notifying each member monthly by postcard, is being attended with success. Plans are being made for a New Year's party in January and for a theatre night in March.

Miss Hazel Elliott, 1919, has resigned her position as Night Supervisor of the hospital. The position is being filled pro tem by Miss Ingham.

Miss Boxill, 1922, has resigned her position as Social Worker at the hospital owing to illness at her home. She has been succeeded by Miss Jessie Gibson, 1922.

Miss Macdonald, 1925, has accepted a position on the Infant Ward—night duty.

Toronto Western Hospital

The annual meeting of the Toronto Western Hospital Alumnae Association was preceded this year by a very enjoyable tea with about eighty members present. The routine business and election of officers then took place, the officers of 1926 being re-elected by acclamation.

Miss Ruth Welstead has resigned her position as instructress of probationers.

Miss Lenna Murray, 1925, has left Toronto to spend several months in Moose Jaw, Sask.

Miss Ogilvie and Miss Floyd, 1924, are at present doing hospital work in Thessalon, Northern Ontario.

Miss Evelyn Fisher, 1925, has returned from Calgary, where she has been visiting for several months.

Miss Gladys Sharpe, 1925, is now theoretical instructress of probationers, and assistant night supervisor at the Toronto Western Hospital.

Miss Bishop is progressing favourably after a serious operation.

Miss Cooper is at present suffering from a fractured arm.

QUEBEC

MONTREAL

Royal Victoria Hospital

On New Year's afternoon Miss Hersey and her staff were At Home to all Royal Victoria Graduates. The guests numbered about two hundred and were received by Miss Hersey. Poinsettias and holly were used in decorating the large reception room in the Nurses' Home, and many red candles adorned the tea tables, which were presided over by Miss Goodhue and Miss Felter. A very welcome out-of-town guest was Miss Ada Byfield, of Spring Lake, N.J.

The proceeds from the Royal Victoria Hospital table at the nurses' bazaar recently held in the Ritz-Carlton Hotel amounted to $1,906.10.

Miss Kate Goodfellow, 1922, has accepted a position at Sea View Hospital, Staten Island.

BIRTHS

COOK—On October 7th, at the Alexandria Pavilion, to Mr. and Mrs. Cook (Nettie Jackson, Toronto Western Hospital, 1920), a son.

CROSBY—On January 5th, 1926, to Mr. and Mrs. Crosby (Roberta Colwell, Royal Victoria Hospital, Montreal, 1923), a daughter.

GARNETT—On January 4th, at Victoria, B.C., to Mr. and Mrs. G. Grant Garnett (Edyth E. Makepeace, Regina General Hospital, 1920), of Cobble Hill, Vancouver Island, a daughter (Elizabeth Makepeace).

GORING—Recently, at Yobelinda, California, to Mr. and Mrs. Sherman Goring (Grace Dawe, Vancouver General Hospital, 1914), a daughter.

GREY—On October 20th, at the Alexandria Pavilion, to Mr. and Mrs. Grey (Alma Chapman, Toronto Western Hospital), a daughter.

MEEN—On November 25th, at the Women's College Hospital, Toronto, to Mr. and Mrs. Harold Meen (Pearl Pierce, Riverdale Isolation Hospital, Toronto, 1918), a son (Ronald Hugh).

PRUETER—On November 14th, at the Alexandria Pavilion, to Mr. and Mrs. Prueter (Florence Wells, Toronto Western Hospital, 1916), a son.

ROSS—On January 2nd, at the Vancouver General Hospital, to Mr. and Mrs. Alan Ross (Blanche Brydone-Jack, Vancouver General Hospital, 1918), a son (stillborn).

WITHERS—On October 31st, at Glenville, W. Va., to Dr. and Mrs. H. F. Withers (Janet E. Duff, Mack Training School, St. Catharines, Ont.), a daughter (Janet Anne).

MARRIAGES

BUCHANAN—HENDERSON—On October 1st, 1925, Alma, only daughter of Mrs. Henderson, and the late Thomas Henderson, to Benjamin Buchanan, Toronto.

CHAMP—MARTIN—On January 2nd, at Knox Church, Winnipeg, by Prof. F. W. Kerr, Mary E. Martin (Superintendent of Nurses, Winnipeg General Hospital), to Hertford Cooper Champ, of Montreal. Mr. and Mrs. Champ will reside in Montreal.

CRIDLAND—BARTON—In September, 1925, Charlotte Barton, of Beeton, Ont., to James Cridland, of Toronto.

HARRIS—KNIBBS—At Fort William, Ont., on December 22nd, 1925, Olive Rebecca Knibbs (McKellar General Hospital, Fort William, 1923), to F. T. Harris, of Cooktown, Ireland. Mr. and Mrs. F. T. Harris will reside in Detroit, Mich.

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THE CANADIAN NURSE

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MARRIAGES—Continued

HEENAN — MOULDING — On January 1st, at All Saints' Church, Weyburn, Sask., by the Rev. M. A. F. Custance, Mary Moulding (Grey Nuns Hospital, Regina, 1921), to John Lawder Heenan District Supt. Indian Imperial Police, of Sagaing, Burma. (Mr. and Mrs. Heenan sailed from New York for England on January 9th, where they will remain until April, when they will leave for their home in Burma.)

POLLOCK—HAYES—On December 30th, at Montreal, Lillian Hayes (Royal Victoria Hospital, 1924), to Robert Pollock.

PRENTISS — GLENDENNING — In December, 1925, Jane Glendenning (Royal Victoria Hospital, 1914), to Louis Prentiss, of Baltimore, Md.

ROYCE—WALTON—On December 15th, at St. Paul's Church, Toronto, Lavinia Walton (Toronto Western Hospital), to Colonel Royce.

SUTTON—WOODHEAD—On September 17th, 1925, at the Church of the Transfiguration, Muriel Winifred Woodhead (Victoria General Hospital, Halifax, N.S.), to W. E. Lawrence Sutton, of New York.

(Continued from page 93)

change their outlook through a new environment and so prevent trouble. It is the worker's duty to teach the people whom she comes in contact with, to look no longer upon mental disorders as repulsive and degrading but as serious diseases.

This Psychopathic training is invaluable to a nurse in any branch of the profession. The nurse with this training is much better equipped for public health work; such a training shows the relation between the mental and the physical. For every physical disease has mental elements, such as a haunting shadow of fear for the future. We must deal with the person plus the disease and not the disease with the person as an adjunct. Through successfully meeting patients' difficulties, individuality and resourcefulness are developed. From the conditions of such training the nurse will derive the importance of right methods of thought and of proper environment for herself. She will realize that to lead the normal life she must possess the ideal, towards which she is stimulated to strive with steadfastness and consistency of endeavour.

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Montreal Baby and Foundling Home

The appallingly high death rate among infants, especially those born out of wedlock, was one of the subjects discussed in the course of the recent Montreal Conference of Social Workers. That it is possible to prevent a large proportion of infantile mortality is proved by the record of the Montreal Foundling and Baby Hospital, St. Urbain Street, which is now entering on its thirty-fourth year. During that time between 2500 and 3000 babies have been under its care.

The story of the changes wrought by the care given at the hospital is one in keeping with the great advance made in preventive work in medical and nursing science. When the hospital was started, in the building on Argyle Avenue, the mortality among the babies admitted was exceedingly high, some years at least seventy-five per cent. Thirty years ago Dr. Marjorie Ward was put in charge, the training of children's nurses was started, and the mortality rate began to decrease. Miss Lillian C. Phillips, the present superintendent, who has been in charge for twenty-five years, has seen many advanced ideas put into effect and improvements carried out, the hospital now being housed in a fine building on St. Urbain Street. The mortality varies somewhat, according to the condition of the babies when admitted. It has been as low as eleven per cent. and this year it is expected it will not be over twelve per cent. An epidemic of dysentery occurred last summer; but in the hospital only two babies died. In the early part of last year thirty-four of the children developed measles, but there was not a single fatal case. Of the babies brought to the hospital, about one-third come within the category of foundlings. Some are babies who are found in need of nursing care, or come from homes where the mother is sick or where there are domestic difficulties. Some of the babies are in an almost dying condition when brought to the hospital, where the wise and efficient care given them often brings them back to health. Two babies were recently taken in, each weighing under three pounds.

The methods of treatment are individual and specialized. Each child's food is prepared to suit the little individual, who is regularly weighed, measured, and examined by a resident doctor. A graduate nurse is in charge of the wards, and another graduate looks after the preparation of food for each baby, while the staff includes children's nurses trained in the hospital.

Besides the airy wards, there are verandahs open to the sunlight, but as there are many days when the sun does not shine enough to meet the needs of the tiny patients, the method of producing artificial sunlight has been resorted to.

The adoption law recently passed in the province (Quebec), Miss Phillips reports, is working out well, and quite a number of foster parents have taken advantage of it to ask for a baby to adopt. In a number of cases those who adopted babies some years ago, when there was no adoption law, have applied to have the child made theirs legally.

(From The Canadian Hospital, December, 1925.)

Official Directory

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Regular Monthly Meeting—The first Saturday in each month, at 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

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Regular Meeting: First Monday of each month.

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Regular Meeting—First Tuesday in each month.

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Regular monthly meeting first Friday of each month at 8 p.m.

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Regular Monthly Meeting—Third Wednesday, 3 p.m.

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Regular Monthly Meeting: Second Monday, 8 p.m., in the Nurses' Residence.

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Regular Meeting—First Monday in each month.

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Meetings—Second Tuesday in each month, at 8 p.m., in Assembly Room of Hospital.

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Regular Monthly Meeting—Second Monday, 8 p.m.

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Regular Meetings—Second Monday of each month at 8 p.m.

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Regular Meeting—First Tuesday in each month at 8.15 p.m.

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Regular Meeting—First Monday, 8.30 p.m.

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"The Canadian Nurse" Representative—Miss I. C. Garrick, 4 Oldfield Ave.

Regular Meeting—First Thursday, at 8 p.m.

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Regular Meeting—Second Wednesday at 8 p.m.

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Representative to "The Canadian Nurse"—Miss E. L. Francis, Women's Hospital.

Regular Meeting—Third Wednesday, at 8 p.m.

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